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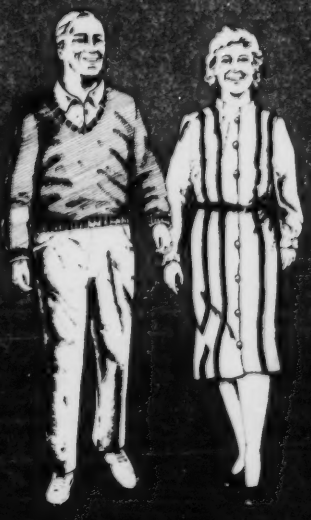

PROCEEDINGS OF THE INFORMATION WORKERS WORKSHOP, 1991

October 3 and 4, 1991

Co-sponsored by the
Alberta Council on Aging
and the Seniors Advisory
Council for Alberta

APPRECIATION

These proceedings have been prepared by the Seniors Advisory Council for Alberta. Appreciation is expressed to the Alberta Council on Aging (ACA) for its co-sponsorship of this workshop held at the Inn on 7th in Edmonton and attended by approximately 75 persons working primarily with senior centres and municipal Family and Community Support Programs. The ACA handled the local arrangements and the registrations. It received a grant from the Seniors Advisory Council to assist with this and to subsidize (in part) the travel expenses of some of the participants.

Seniors Advisory Council for Alberta

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THURSDAY, OCTOBER 3, 1991

INTRODUCTION

The workshop was chaired by Marilyn Daines, member of the Seniors Advisory Council for Alberta.

Marilyn Daines, in her opening remarks (9:00 a.m., October 3), pointed out that the holding of a workshop for information workers with seniors has become a tradition and that the first of these annual workshops was held in 1977.

She emphasized the importance of the work being done by those attending. Providing information to seniors and their families about resources available to them is one of the most important, if not the most important, service for older people. If seniors do not know what help they can receive, they cannot make appropriate decisions about their lives. It is very difficult, if not impossible, for an individual to know about all the benefits and services. Therefore, the provision of information and referral services at the local level is essential. The Council's Seniors Information Line is always available to assist and can be reached by calling the toll-free long distance number, 1-800-642-3853.

Mr. Tom Musgrove, MLA, chairman of the Seniors Advisory Council for Alberta, was introduced. He spoke about the work of the government-appointed Council (see Appendix A for a description of the Seniors Advisory Council for Alberta).

Marilyn Daines introduced Christine Lawrence, Executive Director of the Alberta Council on Aging, who explained the purpose and activities of this province-wide voluntary organization (see Appendix B for a description of the Alberta Council on Aging).

FEDERAL INCOME SECURITY PROGRAMS FOR OLDER PEOPLE

Wanda Cree led the session on the federal income security programs. She provided some basic information about the Old Age Security benefit, the Guaranteed Income Supplement, the Spouse's Allowance, the Widows' Pension and the Canada Pension Plan.

The participants then broke into groups and were asked to develop questions regarding the federal programs.

Some questions were answered by W. Cree; ones not answered during the meeting were forwarded to the federal government. Appendix C contains the questions with the answers provided by the staff of the federal government Income Security Programs office in Edmonton.

Some of the observations made were:

- The Canada Pension Plan benefit is indexed annually; Old Age Security and the supplements are indexed quarterly.

- The income cutoff is the amount of outside income above which one is not eligible for income supplementation.

- In applying for these benefits, copies of the documents required can be made, and information workers, social workers, etc., can write on copies that they are true documents and have not been changed or altered in any way.

- Forms for the income supplement are not available in various locations; one must call and request the form individually from an Income Security Programs office.

- Since June 1986, divorced spouses may obtain a portion of their former spouses' Canada Pension Plan retirement benefits, depending on how long the relationship continued during contributions to the Plan. Prior to June 1986, divorced persons could lose their eligibility to receive a portion of the pension by signing a spousal agreement that waived their rights to these benefits.

- It was pointed out that a provincial law which permits CPP pension payments to be waived by spousal agreement could prevent a divorced person from being eligible for a part of the pension, but no such provincial law exists in Canada at present.

- The death benefit is not available to widowed persons whose spouses have not paid into the Plan. Only a contributor to the Plan is eligible to have this benefit paid to his/her survivor. The Old Age Security pension does not provide a death benefit.

- Widowed persons should obtain information from the Canada Pension Plan about the benefits available to them on the death of a spouse who has paid into the Plan. There is a survivor benefit.

- It was suggested that there should be a handout on rate tables for the Guaranteed Income Supplement and an explanation of how these rates are set. Rate tables are available from the federal government, but are not always easy to get.

- Concern was expressed about the difficulty of reaching the federal office; the telephone lines are often very busy. Professionals such as social workers and information workers would like a number they could call for information.

- The Old Age Security benefit and the Guaranteed Income Supplement are combined in the same monthly cheque.

- One can appeal decisions that are made, but more information is needed on the appeal procedure.

- A concern was expressed about the widows of British war veterans who are living on very minimum incomes. There is no reciprocal agreement between Britain and Canada.

- The difficulty of acting on behalf of pensioners who cannot hear or who live in very isolated circumstances was discussed. The Privacy Act prevents the federal employees from giving out information unless the person is in your office, or unless the senior writes a letter stating you can have the information.

- A senior spoke on behalf of older people who are recent immigrants and not eligible for the federal income support programs. He felt 10 years was too long for these elderly people to wait for these benefits.

Printed material on the federal income support programs was distributed.

PROVINCIAL INCOME SUPPORT PROGRAMS FOR OLDER PEOPLE

The speakers were Donna Canning, Manager of the Pensions Unit which administers the Widows' Pension Program and David Belzile, Manager of the Assured Income Programs and responsible for policy development in relation to the Alberta Widows' Pension, the Alberta Assured Income Plan (AAIP) and the Assured Income for the Severely Handicapped (AISH).

Alberta Assured Income Program for the Severely Handicapped

David Belzile explained that the Alberta Assured Income Program for the Severely Handicapped is not a pension program; it is an assured income program. The amount provided is related to individual's income, and it can be re-examined annually and be discontinued. The program essentially guarantees a certain amount of income each month for an individual.

The term, severely handicapped, means a condition, an impairment, that severely limits an individual's capacity to earn a livelihood and for which there is no rehabilitation potential.

The strength of this program is that it assesses disability (which can be physical, mental, emotional) on an individual basis to determine if it interferes with the capacity to earn a living. This assessment is subjective, and it depends upon information from a variety of people.

Persons aged 18 to 65 may be eligible for AISH, and the program may be available to older immigrants who are not eligible for the federal income support programs. Persons residing in nursing homes and auxiliary hospitals or a few other designated institutions may be eligible for a modified benefit. This covers

the daily rate plus $175 and other expenses such as transportation, laundry, which are needed.

The maximum amount now paid under this program is $755 a month. It has been announced that the amount will be indexed the first of the year in line with the indexing of the federal benefits. This program also covers all medical, dental, optical and drug costs for the individual.

This is an income-tested program. Certain types of income are exempted (examples, family allowance and tax credits), and a certain amount of income is exempted. A single person would have to earn in excess of $1173 a month and a married person $1733 a month in order not to be eligible for this program. If people do not have enough money to meet their needs, the assets limitation for social allowance can be raised so that they can receive some additional money under the social allowance program.

Applications for this program are made through the Family and Social Service district offices. The application must be accompanied by a form completed by a medical doctor. District staff review the income, and an AISH administrator in each of the regions determines eligibility. There is an appeal process. District social service workers and members of appeal panels are now receiving training to assist them in handling this program.

Under this program there is an obligation for clients to try to maximize their potential and to seek employment or training for employment, if possible. If a person is not eligible for AISH, support may be provided through the social allowance program and rehabilitation services.

Alberta Widows' Pension Program

This is an income-tested program for widowed persons (from legal marriages) aged 55 through 64. Certain types of income are exempted. Medical/drug costs are not covered, but people receiving the pension are eligible for all the benefits available to those aged 65 and over.

Questions have been raised about expanding the Alberta Widows' Pension Program to other target groups, such as single and divorced persons. The federal Widows'

Pension program is now facing a court challenge and, until a determination is made, the Alberta Government will continue to administer the program as it now stands.

There are annual reviews done on all the income support programs provided by the provincial government, to determine if they are still appropriate and adequate.

Alberta Assured Income Plan

This is an income-tested program which tops up the federal income supplement (GIS). If an individual is eligible for the federal supplement, he/she is automatically eligible for the provincial supplement. The maximum amount is $95 a month; the minimum is $10 a month.

The following comments were in response to comments/questions from participants:

Concerning benefits provided to people living in institutions and receiving the AISH modified program, the benefits to them will be adjusted on a quarterly basis in line with the increases in the resident charges for institutional care.

What does the government do to assist with the rehabilitation of people who are judged not eligible for the AISH program? The social workers work closely with the Vocational Rehabilitation Program of the Department to assist these individuals with training programs, etc. They also try to motivate individuals to seek such help. It is important not to place someone on the AISH Program who does have potential for rehabilitation.

As long as one of a couple remains on AISH, when the other turns age 65 the couple can be covered by the AISH medical benefits. However, when both are 65, they must go on the seniors' program.

It is possible to have AISH cheques deposited directly into recipients' bank accounts, but it is only done under exceptional circumstances.

A participant expressed a concern about the need to review more carefully the situations of applicants in the rural areas.

For those in need of additional funds (including seniors), in particular for drug costs, assistance may be available from the social allowance program.

In connection with the Alberta Widows' Pension Program, a participant pointed out that the banks do not assist people in completing the forms, though they are being compensated. Since they are not doing it why can the information services not be compensated for doing this? There was a general feeling that it would certainly simplify matters if the information workers could send applications directly to the provincial office. The speakers pointed out that the contracts with the banks are to verify information, not to assist with the completing of forms.

There was discussion about the difficulty of obtaining adequate information on individuals' incomes and the matter of underpayments and overpayments.

INCOME TAX AND OLDER PEOPLE

The discussion was led by Joanne Beaton from the Public Affairs Office of Revenue Canada. Joanne Beaton explained that the office has over 800,000 forms and publications related to its work. There are 10 or 12 new forms per year and, on the average, 10 or 12 revised forms brought out each week. She explained that she would talk about specific forms of particular relevance for seniors.

She emphasized that it is important in completing income tax forms that the most recent revision of the form be used. The top right hand corner of the form has the number and year of the form.

The **T-151 form** can be used by persons aged 65 and over, but only by people who have basic pension income (not if one has rental income, capital gains, etc.). It is the simplest form to use because it does not require calculations.

The **disability tax credit form** is another form that may be used. The definition of disabled is quite different from the one used for the provincial AISH program. A disability must severely and markedly limit the activities of daily living and be a prolonged disability; for example, one must be totally blind. The new definition is much more restricted than the previous one. A medical practitioner must determine whether or not the disability seriously restricts feeding, dressing,

speaking, eliminating, walking or cognitive functions. If a person has already qualified, he/she does not have to re-qualify.

Many of the forms are now being designed to make them easier for seniors to use, for example, they are printed in large black type.

There are some changes being made that will affect future pensioners. About 13 million Canadians will be receiving an RRSP income statement. This will enable people to determine how much they can contribute to RRSPs. Seniors will not receive these for they are not able to contribute to RRSPs because they do not receive earned income for RRSP purposes. From now on contributions allowed for RRSP contributions will be based on the previous year's income, so some pensioners (newly retired) may be able to contribute to RRSPs.

Seniors can put up to $6,000 of their pension income into spousal RRSPs, but this will only exist up to and including the 1994 tax year.

Interest income is not considered as earned income.

There is an extensive list of medical expenses that can be deducted.

There are some special forms which can be used for people living in northern areas.

People needing to make quarterly income tax payments will be advised of this and will be sent a guide.

There are many complications to the income tax system. If workers have questions, they should feel free to call the office to have things clarified.

Revenue Canada now has a volunteer program, which trains people to help others (those who are somewhat disadvantaged) to prepare income tax returns. Training sessions are held around the province, and Revenue Canada will be pleased to provide these. If any of the information services would like to have such a training session, they can simply contact her (Joanne Beaton) at 495-4770 and request such a session.

CHARITIES AND CHANGES TO THE INCOME TAX ACT

Chris Lawrence spoke briefly on this. Regarding income tax and charities, the Alberta Council on Aging will be pleased to send out information. The office has a video as well as printed material on this topic.

AN OVERVIEW OF THE HOUSING DIVISION, HOUSING PROGRAMS FOR SENIORS AND ISSUES

The discussion was led by John Martin, Executive Director, Policy and Planning, and Ian Bazley, Manager, Research Projects, Grants and Technical Supports, from the Housing Division of Alberta Municipal Affairs.

Mr. Martin explained that there has been a major reorganization in the Department of Municipal Affairs. Previously there was a housing corporation and a housing division in the Department. These two organizations have been made into one organization.

Page one of Appendix D illustrates the new structure of the Department. There are two sections of the Housing Division: Housing Division North and Housing Division South. A separate unit, Policy and Planning works with both divisions. This reorganization was carried out in order to make the structure more efficient and, by decentralizing, more responsive. The focus of the new Housing Division is on social housing and research.

The following social housing programs for seniors were discussed:

- The lodge program (see Appendix D, page 2): some of the lodges are quite old now, and a lodge regeneration program (building) is starting.

- Senior citizens self-contained program (apartment housing) (see Appendix D, page 3): the federal government shares in the operating subsidy for these apartments.

- The rent supplement program (see Appendix D, page 4): this is a program for all households in need, and it involves the private sector.

- Seniors' Independent Living Program (see Appendix D, page 5): the main purpose of the program is to assist seniors to remain in their own homes. This type of grant program has been available since the mid-seventies.

- Seniors' Emergency Medical Alert Program (see Appendix D, page 6): the purpose of this program is to assist seniors to remain in their own homes.

- In addition to these programs, Municipal Affairs has other programs for seniors: the Property Tax Reduction Program and the Renters' Assistance Grant.

The 1991/92 budgets for the various programs were presented (see Appendix D, page 7).

There was a discussion about the growth in the numbers of seniors and their percentage of the total population and the aging of the senior population itself (see Appendix D, page 8). The heavy concentrations of seniors in the population are found in south eastern regions of the province (see Appendix D, page 9).

The current issues in seniors' housing were presented:

- the demand for two bedroom units;

- zoning bylaws and building costs to allow for garden suites and accessory apartments;

- coordination with Alberta Health (joint use of facilities and services, housing/care);

- design of housing for aging in place;

- inclusion of seniors in planning and decision-making;

- housing options, including multi-level care complexes.

There are a multiplicity of options which could be considered in housing for seniors (see Appendix D, page 10).

Some of the initiatives now being considered are:

- an examination of alternative housing programs or projects;
- design alternatives;
- innovative financing schemes.

Appendix D, page 11, has more details on the above.

The Housing Division is looking at ways to involve the private sector in developing housing for seniors, particularly for middle-income seniors. Presently, there is a gap between housing for low-income seniors (the subsidized housing) and housing which can be afforded only by very financially well-off seniors.

Ian Bazley spoke about the various reports which his section of the Housing Division has on various types of housing and housing design, etc. These are available to the public (see Appendix D, page 12). Also available is a report on the garden suite project which can be ordered from the Housing Division.

Garden suites are essentially small mobile homes. The pilot projects in garden suites in Alberta started when Alberta cooperated with the federal government (in 1987) in a demonstration of garden suites. Sample suites were on display in various locations for Albertans to review. The suites were very well received by Albertans, and as a result the Department agreed to start a pilot project.

There were some legal issues to be considered. The Department was able to work through the zoning concerns and concerns about possible foreclosure.

The two pilots are in Lethbridge and Parkland County. The local housing authorities are administering the pilots. There are five garden suites, and all five of the seniors (one is only aged 63) need some support and help from their families. The units have enabled them to continue to receive support from their families in a secure fashion.

The units have now been in place for one and one half years. There is an assessment process. Seniors, the host families, neighbours and local planning authorities were interviewed prior to the placement of the units, and all these people have since been interviewed. The satisfaction level is high. There have been a few concerns expressed about the design of the units and the installation of the utilities.

On the very positive side, all of the seniors expressed satisfaction with the support they are receiving from their host families. The host families had improved privacy and reduced tension and were also were satisfied and appreciated the companionship relationship they had with their parents--felt they were benefiting from this arrangement.

Planning officials were satisfied with the arrangements, and neighbors did not complain. Some neighbours did not even know that a unit had been placed in a neighbouring yard!

The biggest difficulty has been with the utility servicing. A study is now underway to look at a more reasonable and cost effective way of servicing the garden suites with utilities.

Earlier market surveys showed that there was a great interest in garden suites. However, the Department has had difficulty locating takers for some of the suites. Recent surveys have now shown that the interest is higher among adult children who are wanting to accommodate their parents in garden suites within their yards than among seniors. It is higher in the northern areas, and generally quite high in the major urban areas.

It is clear that garden suites are not the <u>total</u> answer for seniors' housing, but they are one option. It is a viable option for people who want to live in close association with their families.

An amendment to the planning act now gives the authority to the development officers within municipalities to waive the section of the act that states that there cannot be a second dwelling on one's property. This means that one can now approach the municipal level regarding permission for a garden suite.

CMHC is permitting Alberta to use some of the social housing dollars available to it for ten additional garden suite projects--publicly supported units. There is nothing to prevent the private or voluntary sector--or individuals--from developing garden suites.

The following comments were made in response to questions.

- There has not as yet been much thought given to providing a program of subsidized garden suites. The purpose of the pilot projects has been to look at design and social issues relating to garden suites.

- The units will probably be taxed, perhaps by the municipality by requiring a licence.

- Two of the units are on acreages, two in a city and one on a farm.

- Homeowners may use up to $700 of a grant from the Seniors' Independent Living Program grant to purchase an emergency medical alert unit.

- There was a concern raised about the fact that, when the senior dies, the emergency medical response unit is often just given away or thrown away.

- A concern was also expressed about the fact that there seem to be competing types of emergency medical response alert units available, some costing much more than others.

- A concern was expressed about the lack of funding for the rent supplement program. The speakers explained that there are a few dollars available to assist those seniors who have been subsidized in private sector projects which are now being terminated. Persons with a concern about this should contact Steve Fowler in the Housing Division.

RELIEVING STRESS THROUGH HUMOUR

The facilitator for this session was Jeanette Boman. In the introduction, Marilyn Daines explained that Ms. Boman has a background in nursing, community development and educational psychology.

The film, "Be Well, Keep Well - Stress and Aging", was shown; it was explained that information workers could borrow it from the ACA.

The speaker pointed out that the most important stressors are those we live with every day. They include marriage, separation, divorce, moving, retirement. What is distressful to one person can be a pleasure to another.

One needs stress as a challenge. A lack of stress can be harmful.

However, we do have to live with problems that cause stress, and how we deal with the stress depends on its cause. Many problems come from an inability to deal with people - being able to assert oneself in a nice way.

Stress is often caused by people, but it is lonely without people. We live longer if we have friends and a support group. We must deal with inner reactions that cause stress--face problems that create anxieties. People who think the worse have more stress than those with a more positive attitude.

We need to learn to relax, and there are numerous ways to do this, for example, exercise.

If you are uptight to begin with, each stimulus creates much more stress.

Humour plays an important role in life. A good laugh contributes to relaxation.

The role of humour seems hard to define when it is so spontaneous.

How do you feel after a belly laugh? It is good therapy. It exercises your lungs, increases oxygen level, the abdomen and face get a vigorous workout and for some, even your bladder gets a workout! Your pulse rate goes below normal; it distracts attention, reduces tension, increases production of endomorphines - natural painkillers.

It is scientifically proven that laughter does decrease tension.

There are emotional benefits to humour.

- It helps to approach life's challenges with humour.

- A humourous perspective allows us to detach ourselves from the seriousness of life.

- The more you can incorporate humour into personal relationships, the easier it is to relate to people. Studies have shown that 50% of people are fired because they lack job skills, and 85% are fired because they cannot get along with others.

- Humour and fun break up stress and tension in relationships. Humour helps to prevent and release embarrassment we sometimes feel.

Humour benefits one's mental health.

- Fun and humour break up boredom and fatigue.

- Humour increases creativity and positive feelings.

In summary, why we do not use humour as much as we should:

- Many see themselves as appreciating humour; having a sense of humour is a valued trait. We all know people who do not have a good sense of humour, but no one will admit it.

- We would take offense if someone said we did not have a good sense of humour.

- There are two ways of looking at humour
  - humour production
  - humour appreciation

Not everyone feels comfortable telling a humourous story, but most like to hear it. Women and men are socialized differently in humour production. Women are taught to appreciate and men taught to produce humour. As early as seven years of age this shows up. Boys tell the jokes and young girls smile. This pattern is beginning to change. In general, in a group of men and women, more women would identify themselves as humour appreciators.

Sometimes we are afraid if we use humour, we will not be taken seriously, particularly in situations where we are not comfortable. Seeing the world as a fun place is related to our self-worth, i.e. if you are insecure, it is pretty hard to laugh at yourself.

We are suspicious of humour - it is a paradox.

How do we incorporate more humour in our lives?

- Establish the attitude that it is okay and important.
- Develop an attitude that includes humour.
- Look for humour around you - have a flexible enough mind to switch directions.

How to develop a sense of humour.

- Take yourself less seriously
- Accept that you are not perfect
- Poke fun at a stressful situation
- Overcome the fear of failure. Maybe people won't laugh. Try to use someone else's story. If it doesn't work then you get to blame them!
- Practice being creative and playful. Try something new, take risks.

FRIDAY, OCTOBER 4, 1991

LEGAL ISSUES: GUARDIANSHIP AND TRUSTEESHIP; ENDURING POWER OF ATTORNEY LEGISLATION; LIVING WILLS.

The speakers were Glyn Davies (Guardianship and Trusteeship); Gerald Robertson (Enduring Power of Attorney); Anne de Villars (Living Wills)

Guardianship and Trusteeship

Glyn Davies is the manager of Case Planning and Outreach Services, Services to Persons with Disabilities, Alberta Family and Social Services. He explained that Guardianship and Trusteeship involves the legal appointment of a substitute decision maker for a person unable to make decisions on his/her own behalf. Guardianship involves personal decisions, and trusteeship financial concerns. The responsible legislation is the Dependent Adult's Act.

There are four criteria to be considered concerning the appointment of guardians/trustees: can the persons care for themselves; can they make reasonable judgements on their behalf; do they need guardians; is it in the best interest of the proposed dependent person to have guardians appointed?

The history of guardianship was reviewed briefly. For the most part guardianship and trusteeship have been kept relatively separate, and trusteeship has had more emphasis than guardianship. The original intent of guardianship and trusteeship was to protect the person and the estate.

In the early years guardianship and trusteeship were considered to be the assuming of all decision making. Now there is a new approach which sees the substitute decision maker as someone who is assisting the dependent adult in making decisions. There needs to be a balance between these two aspects of guardianship and trusteeship: one, the need to protect and the other, the need to assist.

Three groups have been assisted under guardianship: mentally-retarded persons, mentally ill persons and seniors. Over time guardianship has been increasingly involved with seniors. Pressure for guardianship orders comes from institutions and professionals, who need someone able to give informed consent for a person.

Generally, the Office of the Public Guardian and the Office of the Public Trustee are the guardians for greater numbers of persons with mental disabilities or mental illnesses. It is very difficult for families to stay involved over a long period of time with these persons due to the high levels of assistance they can require. In the case of seniors, it is more often family members who become guardians.

To obtain guardianship for a dependent person, one makes an application which must be accompanied by a statement from a medical doctor or a psychologist, sworn on an affadavit which outlines the individual's needs and the guardinian's interest, and a statement of consent from the person who will be the guardian. It then goes to the court. One does not need a lawyer. Applications to do it yourself can be obtained from the Office of the Public Guardian, or from (for example, in Edmonton) the Society for the Retired and Semi-Retired.

Wherever possible it is best to obtain a functional assessment of the individual; such an assessment looks at how the individual carries out the activities of daily living and his/her decision-making ability. Such assessments are available through the home care program or a local nursing home.

There are nine aspects or powers which can be looked at under guardianship. Seldom does a person have to have all nine powers removed.

The court looks at the application, and in 95+% of the cases assents to the appointment of a guardian. It generally takes the court only a few minutes to make this decision. If the court says yes, one then receives a court order specifying the powers to be used on behalf of the dependent adult. These orders are reviewed every six years.

Guardians and trustees have to be age 18+, residents of Alberta and be willing, able and suitable to act as substitute decision makers.

The speaker emphasized that the process may seem cumbersome at times, but it is important to have safeguards built into the process and to keep in mind that the

more disabled a person is the more likely there is to be exploitation and abuse of him/her.

Enduring Power of Attorney

Gerald Robertson, Professor, Faculty of Law, University of Alberta, spoke on the Enduring Power of Attorney legislation. He explained that the theme being focused on in this legislation is control--the power to control decisions over one's life and who assumes this control if one is no longer able to do so.

What options does a family have when a relative can no longer make decisions? One is to "muddle on" and simply do things for the relative. Sometimes that works well, but families do not have the legal power to do this. Problems may develop if something goes wrong.

If the informal arrangement does not work, the only other option available until recently was to make a formal application under the Dependent Adult's Act for guardianship and trusteeship. While this is a model act, there are some very basic problems with this process.

First, this process is expensive. On average the cost of a lawyer to handle this process is $1,000. Secondly, it is time-consuming. Thirdly, it is emotionally traumatic for the dependent adult and for the family. No one likes to go to court to have a loved one declared mentally incompetent. It is not an option to be taken lightly.

Another problem is that because it is reactive--it happens after the person has become unable to make decisions--it means that the person from whom control has been taken has no control. The individual who is most important has no opportunity to exert any power or control over the appointment.

The last problem with the Act is that its underlying philosophy is meaningless. This philosophy is that guardianship and trusteeship are a last resort. However, until recently, there was no alternative to them.

Now there is legislation regarding enduring power of attorney. The Enduring Power of Attorney Act gives the individual affected the ability to appoint someone

to take over should he/she not be able to manage. Until June of this year one could not do this as power of attorney authority came to an end if one became mentally incompetent. Although other provinces and states had such legislation, Alberta did not have this enduring power of attorney legislation until June 1991. However, this did give the Law Reform Institute, which prepared a report supporting such legislation, the opportunity to examine how it has worked elsewhere and where problems existed.

One of the main problems in designing enduring power of attorney legislation is striking the balance between simplicity and safeguards. The Alberta legislation ensures that anyone who signs such a power understands what he/she is doing. Anyone signing enduring power of attorney must see a lawyer, and the lawyer must certify that the person has read and understood information about this and that the person is capable of making this decision. There are other safeguards monitoring an attorney's (the person to whom one is signing the power) behaviour. Anyone who feels that the conduct of an attorney should be reviewed can apply to the court, and the court can order a review.

The Enduring Power of Attorney Act in Alberta says that the person can appoint the attorney, can specify when the power takes effect and can specify who decides when the power should take effect. (For example, an individual can name the family doctor to make this decision.)

This Act is not replacing the Dependent Adult's Act, for that is still needed. Also, if one is advising an individual about enduring power of attorney, it is important to ensure that people think very carefully about it and are sure that it is appropriate for them.

This Act deals only with financial decisions. It may well be that, in the future, enduring power of attorney legislation will be expanded into other areas, such as those handled under guardianship.

Enduring power of attorney can be revoked at any time as long as an individual is mentally competent. The chances are that existing powers of attorney, drafted before June 1991, will not meet the requirements of the Act.

Enduring power of attorney must be signed before a person becomes incompetent. Once a person becomes incompetent the only alternative is the Dependent Adult's Act.

It is the hope of the Law Reform Institute that the fees charged by lawyers, for certification, would be relatively modest. Experience in Ontario has shown that people often sign enduring power of attorney at the same time they are preparing a will. Forms for signing enduring power of attorney should be available in the near future.

Living Wills

Anne de Villars, a lawyer in private practice, spoke on living wills. She pointed out that Professor Robertson is now working on legislation in relation to living wills, which could extend the now existing enduring power of attorney legislation.

A living will is not like a traditional will. A traditional will states where your property will go after you die. A living will tries to tell the people who need to know what your intentions are, mostly in relation to health care, when you no longer can tell people. You have to imagine what you would want should you become incompetent to do so (due to serious illness, etc.).

Do these living wills have any legal status? This is not clear. A court case in Ontario resulted in a decision stating that an adult has the right to refuse treatment even if it may save his/her life. A second case resulted in a similar decision. There have been no court cases in Alberta. However, these two cases would undoubtedly be cited should such a question come to the court.

There are a number of states in the United States that have living will legislation, but it is often quite restrictive. There is also a problem in interpreting living wills. It is very difficult for someone to write a living will. It has to be written in rather vague and imprecise language. We don't know, for example, what medical care will be like in the future. It then also becomes difficult to interpret a living will.

Some presumptions might develop about living wills. For example, it is might be presumed that if you do not have a living will, it is because you did not want one. Medical people would then provide all the treatment/care possible. However, this

presumption is most likely to be incorrect, for most people will not have living wills. Living will legislation should probably deal with this erroneous assumption.

Several provinces are starting to establish living will legislation. A second model of a living will is the health care attorney model. This would enable you to appoint someone to act on your behalf in regard to future health care decisions should you be unable to do so.

Ontario and Manitoba are mixing the two models, using the health care attorney model but including in it the stipulation that should a living will be in existence the health care attorney must follow the living will.

Such legislation would make things much easier for physicians, who at the present time, are in a difficult position.

The Law Reform Institute is now working on a report on living wills. It is hoped that the interested public will look at it and provide comments and direction. The chances are that it will propose the mixed model being considered in Manitoba and Ontario.

Appendix E contains some questions and answers about living wills and a draft will.

PANEL ON LEGAL ISSUES

During this session, Anne de Villars and Glyn Davies answered questions from the participants. The following comments were made:

- The Public Guardian is a resource for persons who have no relatives or friends who can assist in this way. The Public Guardian will act in the best interests of the dependent adult.

- The court is supposed to look at the needs of the dependent adult to see if they will be met and also to look at the person who is applying to be guardian, that he/she is suitable. The Public Guardian's Office used to have the responsibility to review all documents relating to guardianship applications. This is no longer done.

- The current act does require that the next nearest relative to the dependent adult be served/notified of the application and be sent the documents. The dependent adult is also served.

- Anne de Villars stressed that no one is at the court on behalf of, advocating for, the dependent adult. She did point out that an outsider could come forward--bring an action--if there is concern. There then must be a hearing. Very few guardians/trusteeship applications are contested.

- Any interested person may request a review of a guardianship/trusteeship order. An interested person is an adult person who is concerned with the welfare of the dependent adult.

- What are the legal implications of becoming or assuming guardianship/trusteeship? A trustee does not become personally liable for the debts of the dependent adult. The trustee has the power to apply to the court to declare the dependent adult bankrupt, if needed. The trustee is liable to show that everything he has done in respect to the dependent adult's estate is in the person's best interest--has been done in an orderly and correct fashion.

- Most applications are for both guardianship and trusteeship. Joint guardianship is when two persons make the application, and the court appoints them both. They are supposed to make all decisions jointly and in most cases this works out quite well. Alternate guardians can be appointed to act in the absence or inability of a guardian to act. The Public Guardian and Public Trustee cannot act unless so appointed, unless as a last resort. For example, they cannot act in the case of a temporary absence of a guardian.

- If the application for guardianship/trusteeship is straightforward, there are no problems in doing it yourself. However, in the case of any complications, it is wise to work through a lawyer.

- A participant pointed out that one has to be very careful when a relative is moving into an institution, because pressure is often put on families to obtain guardianship when it may not be necessary.

- If an individual is oriented to time, place and person and is able to make choices actively, then that individual has a right to a lifestyle choice, even if the community finds it unacceptable. Guardianship is not the answer to unacceptable behaviour.

- Under the enduring power of attorney legislation, if someone believes that an attorney is not acting appropriately, that person can ask the court to request an accounting.

- The problem with the Dependent Adult's Act is that there may be no one really looking after the best interests of the dependent adult. Glyn Davies suggested that there may be even less accountability under the Enduring Power of Attorney Act.

- Anne de Villars suggested that this was considered in the writing of the enduring power of attorney legislation. It was decided that the majority of people are honest and will not defraud estates, and that the legislation should be written on the basis of this belief. Most people do trust their spouses and their children to act in their best interests.

- There was discussion about the difficulty in writing living wills, and the fact that those writing them may not know enough about medical matters to write a living will. However, should living will legislation come about, what is written in it must be carried out. It is not known at this point, as the legislation has not been drafted, whether or not a health care attorney's actions could be questioned.

- Under the enduring power of attorney legislation, one can name an alternate.

- There is, at this point, no special help available for individuals (besides legal help) for obtaining information about enduring power of attorney.

- Glyn Davies suggested that information workers need to have information if they are to assist people who may be considering signing enduring power of attorney.

HEALTH PROGRAMS: AIDS TO DAILY LIVING PROGRAM; EXTENDED HEALTH BENEFITS; ALBERTA BLUE CROSS

Aids to Daily Living Program

Joanne O'Gorman, Manager, Recyclables, Aids to Daily Living Program, Alberta Health, spoke about the program (AADL).

The AADL Program is delivered through the Public Health Division of the Department of Health. Its purpose is to help people with chronic or terminal illness or disability to remain living in the community independently (although some people in institutions are assisted with some benefits). There are some high tech needs which the program cannot provide due to their high cost.

The central office is in Edmonton. Benefits are delivered through Alberta authorizers and suppliers.

A brief history of the program was provided. In 1973, the Alberta Government set up a program to help people with aids and equipment for seniors. It was called the Extended Health Benefits Program (EHB). In 1980, the program was expanded to people under 65 years and that part of the program was then called the Alberta Aids to Daily Living (AADL) Program. The Extended Health Benefits Program was still kept for seniors but was administered along with AADL. In 1984, seniors had their needs assessed by authorizers prior to receiving benefits as those under 65 did. In 1984, persons under age 65 were asked, with some exemptions, to cost-share under the AADL Program. Seniors remained exempt from cost-sharing.

Figure 1 in Appendix F shows the growth in program expenditures since 1981, and the effect that the authorization process, cost sharing and the installation of a computer system had on expenditures. After cost-sharing was introduced for those under age 65, program expenditures levelled off for this age group but continued to grow for seniors. Figure 2, Appendix F, shows the same types of growth related to clients.

The program was updated recently and effective July 1, 1991 some important changes were implemented.

The program updated was based on three principles: equality of access, family and community responsibility and effective management of resources.

The consultation process took place during the review, involving authorizer and vendor representatives and the Premier's Council on Status of Persons with Disabilities, and the Seniors Advisory Council. As a result of the review it was decided to bring the Extended Health Benefits Program and AADL Program together. Most benefits were expanded to the full range of ages. The one benefit still not available to persons between the ages of 18 and 65 is the hearing aid benefit. To balance out the items that were expanded it was decided that some lower cost items would be deleted from coverage. They are items that people can obtain at a relatively low price as consumer items in retail stores. Local program authorizers can provide detailed information about these items.

Cost sharing was applied to people of all ages. People who do not have to cost-share are those receiving Supports for Independence, the Alberta Assured Income for Severely Handicapped, Alberta Widows' Pension, Guaranteed Income Supplement, and those with limited taxable incomes. The most anyone will have to pay for benefits is $500 per family per benefit year. There is a cost-sharing appeal mechanisms. Information about these exemptions and the cost-share appeal mechanism is available through the AADL Branch office in Edmonton at 427-0731.

Along with the update the Canadian National Institute for the Blind will be receiving a grant to deliver some low vision aids, and the Canadian Diabetes Association is taking on the administration of certain diabetic supplies.

Questions:

Why can supplies not be recycled? All large equipment like wheelchairs and bath lifts are recycled by AADL. The AADL Branch encourages an informal recycling process for smaller items like walkers, etc., working through the health units. The Calgary Action Group for the Disabled is running a more formal recycling program for these items and is serving Calgary and district. The cost-effectiveness of doing this is being evaluated.

Who are authorizers?

Authorizers are health professionals in hospitals, long term care facilities and health units. They have a variety of health professional backgrounds and are trained by the program to determine client eligibility for benefits, and to assess the client and their home setting for the most appropriate equipment and supplies.

The AADL office can be called toll-free using the Government RITE line from anywhere in the province (427-0731).

Extended Health Benefits

Leah Oille, Manager, Specialized Claims Assessment, Health Care Insurance Division, Alberta Health spoke about this program.

What is the extended health benefits program?

The Extended Health Benefits (E.H.B.) program is a program administered by Alberta Health Care Insurance Plan for registered Alberta residents who are:

- age 65 and older (senior citizens) and their dependants
- widows/widowers age 55 to 64 who are receiving the Alberta Widows Pension and their dependants.

What is covered? Benefits covered under the program include optical and dental goods and services.

What is the cost of coverage? Benefits under this program are provided premium free.

When does coverage begin? Coverage under the program begins on a senior citizen's 65th birthday and includes the spouse and dependants. For widows/widowers, coverage is effective on the date eligibility for the pension is established providing they are registered with Alberta Health Care.

What are the eligibility requirements? To be eligible for benefits under the E.H.B. program, the senior citizen or the widow/widower must be registered with Alberta Health Care. Senior citizens must have provided Alberta Health Care with their proof of age for validation. Widows/widowers must apply through Family and Social Services which in turn advises Alberta Health Care regarding their eligibility to receive services under the E.H.B. program.

How do you ensure dependants are covered? Once the Plan has added a dependant on a senior citizen's/widow or widower's registration, it is safe to assume that the dependant is entitled to all the benefits also.

Does coverage have to be reapplied for each year? For senior citizens - NO, for widows/widowers - YES - reapplication is tied in with the widow/widower's birthday and income.

What happens if the senior citizen spouse dies? If the senior citizen spouse dies, and he/she was the contract holder, and if the surviving spouse is also 65 and over, he/she must have their proof of age validated before they become eligible for benefits under the program.

However, if the surviving spouse is under 65, coverage for him/her and the dependants is discontinued at the end of the second month following the month in which the death occurred. At this time they may apply for benefits under the Widow's Pension Program.

Are there any limits to the benefits paid? Yes there are limits. For dental benefits under the E.H.B. Program, limits are set at $960.00 per person for any two consecutive calendar years.

e.g. A senior attains the age of 65 on September 12, 1991. He/she has presented Alberta Health Care with proof of age for validation and coverage begins on September 12, 1991. For the years 1991 and 1992 he/she is eligible for $960.00.

If used benefits total $400.00 for 1991, eligibility for 1992 is limited to $560.00.

If used benefits total $960.00 in any one year, benefits will not be payable again until one year has lapsed since the year the maximum was paid out, e.g., if used benefits total $960.00 in 1991, benefits will not be payable again until 1993.

Dental benefits include fillings, extractions and repairs to natural teeth, as well as orthodontics, full or partial dentures, denture repairs and relines. There are additional time frame limits for dentures which are calculated on the basis of dates of service. The Programs for Seniors handbook has details.

The Plan limits benefits for eyeglasses to one pair every three years from the last date of service. However, the Plan will provide benefits for one pair of distance glasses and one pair of reading glasses in place of bifocals or trifocals.

Exception to the three year limit apply when:

a) a change in lens prescription is required due to eye surgery which affects vision; or,

b) replacement eyeglasses are required because the previous set was accidentally damaged or broken beyond repair.

The maximum benefit payable towards the cost of frames is $32.00 and the cost of dispensing at $14.10. Benefits for laboratory services will be paid at a maximum of 80% of the laboratory invoice cost for lenses and a processing benefit.

Residents eligible for extended health benefits should always check with the dental or optical practitioner about the costs of dental or optical goods to ensure they know what portion is covered by the Extended Health Benefits program.

How are payments made? The practitioner reserves the right to decide whether payment is to be billed to Alberta Health Care or directly to the patient.

If the practitioner bills Alberta Health Care directly for the allowed amount, the patient may be asked to pay the difference between this and the total cost of the service.

The patient may be asked to pay the practitioner the total cost of the service and obtain reimbursement of the allowed amount from Alberta Health Care. Reimbursement generally takes six weeks.

Can non-medical practitioners extra-bill? We refer to this as "balance billing," and "yes" - non-medical practitioners such as dentists and optometrists may bill the balance, that is bill the difference in costs between the maximum benefit allowed under the program and total cost of service. The patient is responsible for the difference, e.g. the frames chosen may cost $125.00, the maximum Alberta Health Care pays is $46.10. The senior is expected to pay $78.90. Extra charges should be discussed by the practitioner with patients before the start of the service.

For further information or inquiries call Extended Health Benefits at 427-1470 in Edmonton or write to: Extended Health Benefits
Box 1376
Edmonton, Alberta
T5J 2Y6

Following are the names and addresses of the professional organizations if E.H.B. recipients need to contact them.

Alberta Guild of Ophthalmic Dispensers
Room 1140, 10830 Jasper Avenue
Edmonton, Alberta
T5J 2B3

Alberta Association of Optometrists
11830 Kingsway Avenue
Edmonton, Alberta
T5G 0X5

Alberta Dental Association
101, 8230-105 Street
Edmonton, Alberta T6E 5H9

Denturist Society of Alberta
201, 2 Athabascan Avenue
Sherwood Park, Alberta T8A 4E3

The following was said in answer to questions:

- Some dentists charge whatever the Plan will pay. On May 1st the Plan lowered its payments by 20%, and some dentists are now charging the senior whatever they charge non-seniors, which may be considerably more than the Plan pays. The Plan pays only according to its fee schedule.

- What is the rationale for the 20% lowering of what the Plan pays? The change was made in this program because it was seen as an area which was in a sense not as crucial for seniors. The savings in the program have amounted to $8.7 million.

Alberta Blue Cross Benefit Package

Larry Shipka, Director of Pharmacy Services, Health Care Insurance Division, Alberta Health, explained that he would speak about the drug program for seniors provided through the Alberta Blue Cross Plan.

The following is a copy of his presentation.

The booklet, Programs For Seniors, 1991, mentions the drug program on pages 12-13 and states that 80% of the cost of prescription drugs, medications and insulin is covered if supplied by a licensed pharmacist on a doctor's prescription and if on the provincial drug benefit list implemented on July 1, 1991.

Our Department of Health is faced with the difficult challenge of ensuring that our health services will remain affordable and accessible in the future.

We use Blue Cross as a carrier to insure the cost of pharmaceutical products provided to senior citizens and their dependants. This Plan is called the Group 66 Plan. There are no premiums, and beneficiaries pay 20% of the cost at the pharmacy counter.

After allowing for co-payments, costs in the last fiscal year under this program totalled approximately $110 million dollars.

Over the past five years, these costs have been increasing at about 15% annually.

This prompted us to develop an overall strategy to address future needs, namely:

1. An amendment to the Pharmaceutical Association Act to assist in the dispensing of more lower cost alternative (generic) drugs.

2. The development of a defined drug benefit list.

3. The development of an interchangeable drug list.

4. The education of prescribers, dispensers and the public about pharmaceutical prescribing issues.

5. The establishment of a drug use review process.

6. The continued interprovincial comparison of drug prices.

The drug benefit list is a very important part of our strategy. We now have an effective mechanism for the adjudication of drug benefits.

The initial list was developed by our Department and Blue Cross. The Alberta Medical Association, the College of Physicians and Surgeons and the Alberta Pharmaceutical Association were consulted.

It defines the following categories of drugs and drug products as benefits in most cases:

1. Drugs that require a prescription by law, for example, penicillin, tagamet (a drug for peptic ulcer disease), dyazide (a drug product used for the treatment of high blood pressure) and so on.

2. Drugs that are customarily dispensed only on the presentation of a prescription, for example, nitroglycerin (a drug product used for the treatment of angina - chest pain associated with heart disease),

potassium supplements which are often prescribed in conjunction with certain diuretics (water pills), and so on.

3. Drugs in the following nonprescription (over-the-counter) therapeutic classes:

   a) Single entity antihistamines, for example, bendaryl, chlor-tripolon, hisminal, seldane and so on, which are used in the treatment of allergies.

   b) Single entity decongestants, for example, eltor 120, sudafed, and so on, which are used in the treatment of mid-ear infections.

   c) Enteric coated and sustained release ASA (aspirin), for example, entrophen which is used in the treatment of rheumatoid arthritis.

Despite changes, our drug benefit list defines a level of benefits that is amongst the best in Canada.

I must emphasize, that with the exception of single entity antihistamines, single entity decongestants, and enteric coated aspirin, over-the-counter drug products are no longer covered even if prescribed by a doctor.

However, there is provision for the coverage of non-benefits (including some over-the-counter drugs) by special authorization if they are prescribed for a special medical need. Examples of these situations are:

- metamucil when prescribed for an individual with Crohn's disease.
- vitamins when prescribed for an individual with cystic fibrosis, or for an individual with end stage kidney disease (a dialysis patient).
- artificial tears when prescribed for certain rare eye conditions, for example, eyelid closure problems associated with Bell's palsy.

To access the special authorization process, the patient's physician must contact Blue Cross by telephone. Specific details about the special authorization process are found on pages IV - VI of the drug benefit list. All pharmacies and physicians' offices, and dentists' offices have received a copy.

The Blue Cross telephone number for special authorizations is 498-8544. We are encouraging use of the telephone for this purpose; however, applications in writing will be accepted. Access to the telephone is available 24 hours a day. The phone is manned in person during normal business hours and by means of an answering machine after hours.

Special authorizations are issued for specific periods of time, and they can be renewed. There is a twist to the process that you should know about. Patients are required to pay the full amount at the pharmacy counter for prescriptions authorized by special authorization and then are to submit their receipts to Blue Cross in the normal fashion for reimbursement.

If this proves to be a financial burden to the senior, for example, $200.00 or more per month, then the senior can ask his/her pharmacist to enter into an arrangement with Blue Cross whereby the pharmacy bills Blue Cross for the 80% portion on an assignment form. Prior authorization must be obtained from Blue Cross before this assignment process kicks in. The assignment process is not well known and is not intended to be used on a routine basis. It truly is intended for hardship cases.

New drug products will no longer be covered automatically. The Minister has appointed a two step committee process for this purpose: an expert committee that will deal with scientific issues and a more broadly based advisory committee that will deal with social and economic issues. This will ensure that new drugs are assessed for inclusion on the list. The Minister will be looking to this process for advice with respect to what should be covered and when.

Mr. Shipka concluded by saying:

I have provided you a quick overview of our drug program for seniors. I did not get into very many specifics because it's difficult to gauge what your information requirements are in the field. Instead, I'm prepared to field individual questions. I am also giving you my phone number in case you

run into something that I may not have covered. I work in the Health Care Insurance Division and can be reached at 427-1558.

LONG TERM CARE DEVELOPMENTS

The two speakers were Vivien Lai, Director, Long Term Care Institutions Branch, Hospital Services Division, and Pat Inglis, Manager, Program Operations, Home Care/Community Long Term Care, Public Health Division, both of Alberta Health.

A package of information was distributed to participants containing a paper on the characteristics of residents in long term care facilities in Alberta, a copy of the Continuing Care newsletter and a fact sheet on Home Care. Vivien Lai spoke about the fact that Alberta is now being seen as one of the leaders in long term care among the provinces in Canada. Other provinces are using material developed by Alberta: the patient classification system and the personal care aides training program.

Highlights of Long Term Care Developments

Vivien Lai explained that long term care in Alberta covers home care and homemaker services, day programs and nursing homes and auxiliary hospitals. Formerly, there were two departments of health and little coordinated planning. In addition, there were too many fragmented services, too much emphasis on institutional care and a rigid system. As a result the Mirosh report, released in 1988, recommended a change in the system.

The report recommended that clients have one point of contact, one place to call, if in need of helping services. It also said that there should be a system which looks at the needs of the clients and then develops a package of services to meet these needs. In the new developments, home care/community long term care is being seen as the point of contact for clients for the assessment of needs and, with the involvement of the client, for the determination of where these needs can best be met. This is the major change--the major new direction in long term care.

About 6% of Alberta's 220,600 seniors are being serviced by long term care facilities and 9% (at any one time) by community services (see Appendix G, page 1)

The total expenditures on long term care in 1991/92 were $514.34 million; page 2, Appendix G, lists the distribution of these dollars which shows that the greatest increase over the past year, in percentage terms, was the home care program.

In terms of new directions, then, the most important emphasis is the development of the single point of entry with home care as the contact point. An emphasis is on the expansion of community services, and lastly the department is moving toward the integration and streamlining of institutional services. It was emphasized that, with these new directions, it is recognized that quality care in institutions is still most important. The Department is also promoting discharge planning for those in institutions and also regional and local coordination.

Single Point Entry

Pat Inglis explained that workshops have been developed to help areas of the province start the single point of entry system, and to try to ensure that its implementation is reasonably consistent throughout the province. Regions of Alberta are in varying stages of development.

During this past year staff from the Home Care/Community Long Term Care Branch have been teaching assessors how to handle the process involved in assessment--not just the completing of forms. The focus is on the client and what he/she needs and the importance of involving him/her in the process. No people are to be admitted to institutional care unless they have been assessed to determine what they need and if, at all possible, they can be helped to remain in the community.

The old "290" form used previously for admission to institutions has been replaced by the Alberta Assessment and Placement Instrument. No new institutional beds will be opened unless there are appropriate clients waiting for such care.

It became apparent that it was important to expand community services under this new system. Day programs are being pilot-tested (eight). Another new initiative is the development of a program to encourage cooperation and collaboration

between the Home Care Program and facilities; a request for proposals has been made and quite a number received. Announcements have been made as to the proposals to be funded.

An internal committee is meeting to advise on changes to the home care program. This year there is now a Home Care Advisory Committee, made up of both government and non-government representatives. This committee will be making recommendations to the government regarding home care--looking at the issues and recommending creative solutions.

There have been some major changes to the Home Care Program. People under age 65 in need of support services only may now access the program. No longer is a physician's authorization required for home care. A $3,000 a month limit has been set (this is for direct cost of care) for the amount that can be spent for services for any one individual. The Program can go over that amount if an individual is waiting for placement in an institution, or can be discharged from an institution, or is on palliative care.

At the same time that the program was expanded for those under age 65, extra funding was provided to serve the senior population.

A transition phase has started so that by 1994 persons receiving funding from the Department of Family and Social Services for support services will receive service from the Home Care Program. There will be an option for clients as they come on to the Home Care Program to receive funding to manage their own care. This is called the self-managed care option. A committee of internal and external people has developed the framework for self-managed care, and four pilot projects have started in the South Peace and Red Deer Health units and in Edmonton and Calgary.

In addition, special funding is being provided to two housing cooperatives for the disabled to enable them collectively to manage their care.

Developments in Facility-Based Care

Vivien Lai talked about facility-based care. Nursing homes and auxiliary hospitals are now being called long term care facilities, and each facility is being enabled

to care for people requiring a range of care. Facilities are being funded now by the overall level of care of their residents, based on the patient classification system. This integration of nursing homes and auxiliary hospitals will mean that, in the future (hopefully), couples will not be separated because they require differing levels of care.

Because of the high proportion of people with dementia in facilities (50% projected to increase to 70%), special teams have been established in Red Deer, Medicine Hat, St. Paul and Grande Prairie to assist facilities in caring for these people.

As stated above, the funding system for facilities has changed, and they are now being funded by a modified global payment system. They are allowed to have a few vacant beds (3% of all their beds), so the institutions are able to provide respite care. Five million dollars has been added to meet the heavier care needs of residents, and the average level of care has increased from 2.67 hours to 2.83 hours.

The leave of absence policy is now consistent between nursing homes and auxiliary hospitals, and is 50 days if a resident is hospitalized in a general hospital. Residents now have the option for unlimited social leave. In the Edmonton area, the facilities have started a program of trial discharges. In a number of instances, through the use of this program, residents have been discharged.

There is now a policy of indexing the accommodation charges in long term care facilities in line with the indexing of the federal and provincial income support programs for seniors. This is 60% of the guaranteed minimum income for seniors for a standard room, 70% for a semi-private room and 85% for a private room.

A new pharmacy program has started in long term care facilities. From now on these facilities will provide pharmacy services to residents; residents will not be paying the 20% client co-insurance charge. There will be an emphasis on drug management and review programs. Each facility will have a drug monitoring program, and be encouraged to lower the medications used.

There will be special geriatric centres in both northern and southern Alberta: Youville, Edmonton General in Edmonton and the Southern Alberta Geriatric Centre in Calgary.

Two hospitals in Edmonton - the Misericordia and the Royal Alexandra - have special geriatric teams. Home care has started quick response services in a number of health units. A special discharge pilot program is being tried in the Edmonton area by District 24, responsible for long term care facilities.

In the last year and one half, the Home Care Program and the institutional facilities are working together more effectively.

In conclusion, Vivien Lai reviewed the principles of the long term care philosophy:

- Health promotion focus
- Promotion of independence
- Community emphasis
- Flexibility
- Continuum of services
- Accessibility
- Choice
- Holistic care
- Quality of care
- Quality of life
- Cost effective

She emphasized that, in the approach to facility-based care, the importance of quality of life--flexibility in the provision of services--is being emphasized. We should be looking not just at quality of <u>care</u>, but at quality of <u>life</u>.

CLOSING REMARKS

Marilyn Daines, chairman of the two-day workshop, closed the workshop with a request that participants complete the evaluation form, saying that this helps those planning these annual workshops ensure that they are meeting the needs of those providing information services at the local level. Appendix H contains a summary of the evaluations.

APPENDIX A

SENIORS ADVISORY COUNCIL

FOR

ALBERTA

SENIORS ADVISORY COUNCIL FOR ALBERTA

The Seniors Advisory Council for Alberta is a government-appointed and funded body. Its members are appointed by the Minister Responsible for Seniors on advice of Executive Council. The current chairman of the Council is Thomas Musgrove, a Member of the Legislative Assembly, representing the Bow Valley constituency.

The Council consists of 15 members in all, including the chairman. Two members are from the Calgary area, two from the Edmonton area, one each from the Lethbridge, Medicine Hat and Red Deer areas, one from Northern Alberta, and three from various rural areas. There are three additional members representing the Alberta Medical Association, the Alberta Healthcare Association and the universities.

The Council makes recommendations to the government on policies and programs relating to older people and the coordination of policies and programs. It does this through the submission of an annual report and by responding as requested to government reports and specific requests for advice.

The Council provides a province-wide information service, responding to requests by telephone, letter and personal interview. It operates the toll-free Seniors Information Line, (1-800-642-3853). Through the publishing of booklets and papers, such as **Programs for Seniors** and the bi-monthly **Fact Sheet**, it provides information on programs and on issues relating to seniors. The co-sponsoring of workshops and forums and the provision of grants relating to aging also assists in educating the public, including the senior public, about the needs and concerns of older people.

Since 1986 the Council has spear-headed the annual provincial Senior Citizens Week, the focus of which is to promote a greater understanding of aging and the contributions which seniors make to Alberta society.

For further information, contact the Council at:

Seniors Advisory Council for Alberta
405, 10109-106 Street,
Edmonton, Alberta
T5J 3L7

427-7876
Edmonton calling area

1-800-642-3853
long distance toll-free number

APPENDIX B

ALBERTA COUNCIL

ON

AGING

ALBERTA COUNCIL ON AGING

What the Council offers

Advocacy

The Alberta Council on Aging's position on issues is developed by listening and acting upon your concerns and suggestions.

Referral and Consulting

The ACA provides consultation on issues that relate to aging. Referral to the appropriate agency or government department is also provided to members.

Conferences & Workshops

A major provincial conference is held annually to develop and debate policies and programs for the aging. Workshops on topics of concern are held regularly.

ACA News

This informative newsletter contains the latest developments on issues that affect older people. Any written views are welcome.

Programs

- Senior Consultants Program: This service is designed to meet needs of seniors' groups in Alberta by providing consultation, advice and training through volunteer senior consultants.

- Fully Alive: This life-refresher course, on the art of aging, is designed to be delivered by peers. Participant and Facilitator Manuals are available.

- Films and Videos: Audio-visual resources can be secured at no charge to organizational members (with the exception of transportation costs). A list is available upon request.

- Publication Library: The in-house publication library contains a wealth of information on topics that deal with the subject of gerontology, and is open to all members. A list of publications is available upon request.

What the Council does

Defines the needs of the aged and the aging and brings them to the attention of government or voluntary agencies for action.

Identifies and encourages research on information concerning the aging process.

Mobilizes leadership, particularly among the elderly, to help solve the problems of the aging.

Fosters liaison and co-operation among agencies which are concerned with the needs of older persons.

Monitors and reviews government policy and legislation in order to inform them of the impact of such policies and programs on the aged.

Who may join?

Everyone! Persons of all ages who are interested in the process of aging may become individual members. In addition, organizations can join and become linked to a provincial network which works on behalf of older citizens.

Why should you join?

Aging, unlike other issues, affects everyone, young and elderly alike.

By joining the Alberta Council on Aging, you will be helping to support a voluntary organization that:

- seeks to increase understanding of the impact of aging on both society and individuals.

- works for individual and social change in order to enhance the participation of the elderly in the mainstream of society.

Membership

Individual Members		
Single	-	$10/year
Joint (Couples)	-	$15/year
Life	-	$100
Joint Life	-	$150
Organization Members	-	$25/year

Single members receive a membership card as well as the ACA News each month, except July and August. Joint members each receive a separate card, but only one issue of the ACA News. Organizational members receive five copies of the newsletter each month.

Alberta Council on Aging
Liberty Building
501, 10506 Jasper Avenue
Edmonton, Alberta
T5J 2W9

APPENDIX C

FEDERAL INCOME SECURITY PROGRAMS:

QUESTIONS, COMMENTS AND ANSWERS

FEDERAL INCOME SECURITY PROGRAMS
HEALTH AND WELFARE CANADA

QUESTIONS AND RESPONSES

The following questions were raised at the Information Workers Workshop, October 3-4, 1991; responses were provided by the staff of the Federal Income Security Programs office in Edmonton.

Question #1: If the person receiving the Canada Pension Plan retirement benefit dies, what are the criteria for the spouse or estate to receive the survivor benefit and death benefit?

Answer: A death benefit is payable to the estate of the deceased contributor, and a survivor's benefit is payable to the surviving spouse providing contributions have been made for the minimum qualifying period. This minimum qualifying period is met providing the contributions have been made in the greater of 3 years or; 1/3 of the total number of years in his/her contributory period; or 10 years if the 1/3 calculation is greater than 10 years.

Question #2: Why does it take so long for a change of address to become effective?

Answer: A change of address is completed as quickly as possible upon receipt. If the change of address, however, is received too late to enter into the "current month" program, the change of address will not become effective until the following "current month" program. A pensioner should be aware that a change of address submitted to the Post Office will not change the address for cheque purposes.

Question: #3 Do people who are having pension funds deposited directly in the bank get a statement? How often? Do they get other material frequently included in letters with cheques? Is this material sent to the banks?

Answer: Direct deposit is an electronic transfer and materials previously enclosed in the pensioner's home delivered cheque are not sent to the banks. Arrangements, however, are under way to send the pensioner's statement, etc. to them on a regular basis.

Question: #4 Why can't information workers who are helping seniors have supplement forms?

Answer: GIS forms are considered controlled forms. All efforts to return the form sent to the pensioner at renewal should be made as these have been properly encoded and help speed the application through the system (eliminates delay and any frustration). Applications not received or lost should be addressed on an individual basis - contact with the office of Income Security Programs is recommended.

Question: #5 Explain the child rearing drop-out clause in the Canada Pension Plan.

Answer: CRDO provides for the period of time during which a contributor who dropped out of the work force to raise children under the age of seven, to be removed from the contributory period used to calculate the CPP benefit. This provision applies to either the Family Allowances recipient or to the spouse of the Family Allowances recipient who remained at home to raise children under the age of seven <u>but not to both</u>. It should be noted that the CRDO application is only completed at the time of a valid application.

Question #6: How does the survivor's benefit of Canada Pension apply to different age groups? How is the amount received calculated?

Answer: The amount of your surviving spouse's pension is related to the amount of your retirement pension. If your surviving spouse is age 65 or over, the survivor's benefit with be equal to 60% of your retirement pension. If your surviving spouse is age 45 to 64 at the time of your death, the benefit will be a flat rate portion plus 37.5% of your retirement pension. The same benefit would be paid if your surviving spouse were under age 45 and disabled or under 45 and rearing a dependent child. If the surviving spouse is under age 35, is not disabled, has no dependent children and does not subsequently become disabled, he or she will not be entitled to a survivor's benefit until he/she reaches age 65.

Question #7: If a person receives the survivor's benefit of the Canada Pension Plan at an age under 65, will it be automatically increased at age 65?

Answer: Please refer to #6. Calculations are done accordingly.

Question #8: If your first husband dies and you receive his survivor's benefit from the Canada Pension Plan, then you remarry and that husband dies also, what survivor's benefit are you entitled to receive? How is it calculated?

Answer: Consideration is given for the surviving spouse to receive the greater of benefits once the accounts are reviewed. Calculations are as per #6.

Question: #9 How is the Guaranteed Income Supplement calculated for the different groups? Single, married, spouses' allowance and widowed spouses' allowance groups all have different cut-off points. How are these cut-off points calculated?

Answer: The GIS is a monthly benefit paid to residents of Canada who are in receipt of a basic OAS pension and who have little or no other income. The ceiling amounts shown on the rate tables (reviewed quarterly) are based upon a flat rate plus percentage of the OAS rate. In the case of a single, widowed, divorced or separated pensioner, the maximum monthly supplement is reduced by one dollar for each two dollars of other monthly income. In the case of a couple where both spouses are in receipt of the basic OAS, the monthly supplement is reduced by one dollar for every four dollars of their other monthly income. The single rate is higher than the married rate. (However each spouse in a couple is entitled to his or her own benefit, so the combined benefits available to a couple are substantially higher than those available to a single person.)

Question: #10 Is there an age group that receives the survivor's benefit of the Canada Pension Plan for a temporary period? If so, how long is the period? Does the person become eligible again when reaching a different age?

Answer: Refer to answer #6.

Question: #11 How does a divorce affect a person's retirement benefits from the Canada Pension Plan at the present time?

Answer: Eligibility conditions for the division of credits differ depending on the situation giving rise to the division: divorces or legal annulments effective on or after January 1987, separation of legal spouses on or after January 1987 and the separation of common-law spouses on or after January 1987. If a marriage ends in divorce or annulment on or after January 1987, the Canada Pension Plan credits earnings by both.

Question: #12 If you apply for benefits from Canada Pension Plan, do you have to provide proof that you contributed to the Plan, or can the amount contributed be located by putting your social security insurance number into a computer?

Answer: You are not required to provide proof of your contributions when applying for a benefit under Canada Pension as the Plan maintains a contributory statement for all contributors. These records are updated regularly using information supplied by Revenue Canada, Taxation. Your "Record of Earnings" is maintained under your Social Insurance Number and Surname.

Question: #13 Can you find out approximately what the amount of the Canada Pension Plan death benefit is at the time of death? How?

Answer: The amount of the death benefit is the lesser of six(6) times your monthly retirement pension or 10% of the Year's Maximum Pensionable Earnings for the year the death occurs.

Question: #14 Are the survivors of a widow eligible for a death benefit under her husband's Canada Pension Plan? If so, what is the percentage?

Answer: A death benefit may be paid to the estate of a deceased contributor, provided that contributions to the Canada Pension Plan were made for the minimum qualifying period.

Question: #15 Where can you get information on the CPP benefits you are entitled to receive?

Answer: Application forms and details concerning Canada Pension Plan programs can be obtained from the office of Income Security Programs, Client Service Centre. The telephone number and address are in the government listing of all telephone directories under "Health and Welfare Canada, Income Security Programs."

Question: #16 Is there a similar clause to the child rearing drop-out clause for older people who have to stay at home and care for a spouse who is ill and/or disabled?

Answer: No.

Question: #17 When people are approved for Old Age Security, do they automatically receive the supplement application form? What is the routine?

Answer: The current application for OAS asks (question #8) if the applicant wishes to be considered for the GIS. If this is checked off in the affirmative, an application is mailed out. If it is checked as No, a pensioner would have to request an application if he/she later wished to be considered for GIS.

Question: #18 It is difficult to get information for people regarding pensions when a person is isolated, has vision impairment or difficulty hearing, may not be very mobile, or has no telephone. Is there a solution? Could there be some code used to indicate that we are professionals trying to help the senior, and not invading the confidentiality clause?

Answer: All efforts are made to assist those with difficulties concerning their pension. In cases where the individual is unable to cope due to vision impairment or hearing difficulty, arrangements to address these concerns should be directed to the Income Security Programs. As well, the phone company, once made aware of the client's special need, e.g. hearing impaired, will be glad to address this concern. Although we do appreciate your interest in assisting seniors, access to information is restricted as this is subject to federal law.

Question: #19 Is there an appeal process for the supplement? If so, how does one access it?

Answer: Where an applicant is dissatisfied with a decision or determination made under the Act that no pension, supplement or spouse's allowance may be paid to him, or with the amount of any pension, supplement or spouse's allowance that may be paid to him, he may, before commencing on appeal, make a written request to the Regional Director for an explanation of the basis of or for a reconsideration of the decision or determination within 90 days from the date on which a copy of the decision or determination was mailed to the applicant or within such longer period of time as the Regional Director may allow. An appeal shall be commenced by forwarding to the Regional Director a written appeal setting forth the name and address of the appellant and the grounds of appeal. The appeal is then handled in accordance with regulations governing appeals.

Question: #20 Are there any appeal processes for the Income Security Programs of Health and Welfare Canada?

Answer: The Appeal Process is in place for all benefits administered through the Income Security Programs. Regulations governing these appeals, made available through the Minister of Supply and Services Canada, are available in Canada through Associated Book Stores and other book sellers or by mail from the Canadian Government Publishing Centre, Supply and Services Canada, Ottawa, Canada K1A 0S9. Canadian $3.25. Price subject to change without notice.

Question: #21 Are people who are recent retirees told that they can estimate their income for the Guaranteed Income Supplement, or do they have to make enquiries for this information? Is there a special form for estimating income?

Answer: Section H & I of the GIS form addresses this concern. If a reduction of income occurs during the year due to stopping work or there is a reduction of a private pension, the pensioner should contact our office with this information.

Question: #22 When is the Canada Pension Plan payment revised? Is it indexed to the cost of living or is it partially indexed? How is the payment computed?

Answer: All Canada Pension Benefits are adjusted in January of each year to fully reflect increases in the cost of living as measured by the Consumer Price Index. The adjustment factor by which benefits are escalated is determined from the Pension Index. The Pension Index figures are based on increases in the Consumer Price Index as provided by Statistics Canada. The formula for calculating the escalation is

$$\frac{\text{Pension Index New Year}}{\text{Pension Index Old Year}}$$

The Pension Index for a year is the average of the monthly Consumer Price Index figures for the 12 month period ending October 31 of the previous year. For Canada Pension Plan purposes the Pension Index for a year cannot be less than the previous year. Therefore the amount of a benefit cannot drop to correspond with a similar drop in Consumer Price Index.

Question: #23 Is the Old Age Security Pension indexed to the cost of living or is it partially indexed?

Answer: The Old Age Security Pension is indexed to the cost of living. This is reviewed on a quarterly basis.

Question: #24 If a person, at age 60, takes an early retirement benefit from Canada Pension Plan, can that person receive the Unemployment Insurance benefit and work part time? Could that person go back to work full time and still get Canada Pension Plan retirement benefits? If so, under what circumstances?

Answer: To be eligible for a CPP retirement pension at age 60 an applicant must have wholly or substantially ceased work. An applicant does not have to cease employment, i.e., if his/her annual earnings will be less than the current maximum annual CPP retirement pension payable at

age 65 (note in 1991 this is 7,258.32). Once you qualify, you can continue to receive your retirement pension even if your earnings subsequently increase above the limit. For information concerning the drawing of unemployment insurance and working part time an applicant should be advised to contact the local Canada Employment Centre.

COMMENTS AND RESPONSES

Comment There should be a special telephone line or number for people working with seniors and others receiving benefits so they can obtain information without waiting so long.

Response: I will take up the comment regarding a special telephone line with the appropriate people to see if there can be a solution to this matter.

Comment: There should be a reduction in the 10 year waiting period for immigrants. Many immigrants are left in very poor circumstances, and the dependency makes them "in risk" for abuse by family members who must support them.

Response: The 10 year waiting period for immigrants is established by federal legislation, and must be adhered to. The only suggestion I might make would be that the provincial government might wish to enter discussions with the federal government to have this changed.

Comment: It would be helpful if the information that goes out in pension cheque letters or changes in forms or procedures could be shared with people assisting older people such as information workers.

Response: We do not receive a supply of the changes which go with pension cheques. I might suggest that a telephone call to our office should be able to help solve any concerns with new information which is not understood.

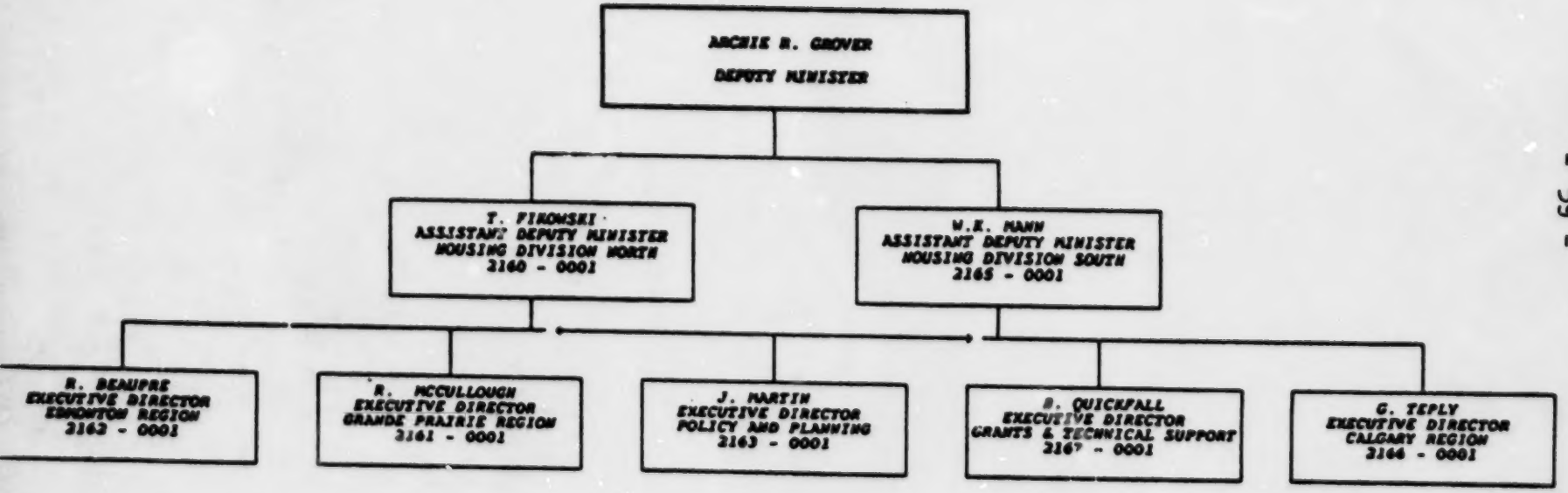
Comment: There should be a handout on rate tables readily available to people working with seniors so that they can more easily assist seniors in understanding their benefits.

Response: If you would be willing to supply us with either pre-addressed envelopes or mailing labels for each of your workers, I would be willing to ensure that rate tables are mailed to these people on a quarterly basis.

APPENDIX D

HOUSING PROGRAMS AND ISSUES INFORMATION

HOUSING DIVISIONS



SENIOR CITIZEN LODGE PROGRAM

PURPOSE

To provide housing to senior citizens at affordable rates, including meals, housekeeping services and recreational facilities. Temporary accommodation is also available in lodges under the Respite Care Program.

RESPONSIBILITY

Capital financing, assistance with operating deficits; coordination of construction of units.

ELIGIBILITY

Seniors who are mentally and physically self-sufficient.

FORMS OF ASSISTANCE

Accommodation rates are set by the foundations but cannot exceed provincial government guidelines.

Operating losses are paid by the participating municipalities within the foundation area, with assistance from the government.

SENIOR CITIZEN SELF-CONTAINED PROGRAM

PURPOSE

To provide affordable accommodation for low income senior citizens who cannot afford or obtain adequate housing for their needs.

RESPONSIBILITY

Capital financing; coordination of the construction of units, annual subsidy ranging from 30 to 100% of operating deficits.

ELIGIBILITY

Seniors who are mentally and physically self-sufficient, and have been residents of Alberta for one year prior to making application, or for any other 10 years. Applicants who are under 65 and meet other eligibility criteria may be accepted if space permits. Tenants are selected according to need based on their present accommodation, rent, income, and proximity to services.

FORMS OF ASSISTANCE

Units are fully self-contained bachelor or one-bedroom suites. Some projects have units designed for wheelchair users.

Rents are based on 25% of household income, including pension income.

RENT SUPPLEMENT PROGRAM

PURPOSE

To provide affordable rental accommodation for people in need of housing at 25% of income. The difference between 25% of tenant's income and market rental rates are shared 30/70 by the provincial/federal governments.

RESPONSIBILITY

The units may be located in AMHC-owned condominiums, housing cooperatives or privately-owned rental projects.

ELIGIBILITY

Applicants must:

- be low income families, with or without children, senior citizens, wheelchair users, or individuals in core housing need;
- have a net value of household assets that does not exceed $7,000, excluding car and furniture. This requirement is waived for senior citizens;
- meet the income and residency requirements which may be set by the Housing Authority or AMHC;
- be Canadian citizens, independent landed immigrants or government-sponsored refugees.

Priority is given to those in greatest need, such as people living in poor or overcrowded conditions, paying a high percentage of their earnings for rent, and unable to afford private sector housing in their area.

FORMS OF ASSISTANCE

Rents are geared to the household's gross adjusted annual income up to a specified limit, depending on local market rents and family size.

SENIORS' INDEPENDENT LIVING PROGRAM

PURPOSE

To provide financial assistance to low and moderate income senior citizen homeowners to repair and improve their homes.

ELIGIBILITY

Applicants must be 65 years or older or be a widower between 55 and 64; be an Alberta home owner; be a Canadian citizen or landed immigrant; be a resident:

(1) in Alberta for at least one year prior to application;

(2) in Canada at least three years;

(3) in his/her home for at least 9 months of the year.

and have a household income of $25,000 or less per year.

The dwelling must be:

- located in Alberta
- the applicant's principal residence
- owned by the applicant.

FORMS OF ASSISTANCE

A special bank account is set up at the branch of a participating financial institution designated by the applicant. The initial grant amount in the account is based on the combined gross income of all resident homeowners and spouses in the preceding year.

SENIORS' EMERGENCY MEDICAL ALERT PROGRAM

PURPOSE

To provide assistance to low and moderate income elderly renters to acquire emergency medical alert systems so that they remain independent in their existing homes longer and reduce the need for premature institutionalization.

ELIGIBILITY

A senior citizen renter must:

- be 65 years of age or older, or be a widow(er) aged 55-64;
- be living in rental accommodation
- be in receipt of Alberta Assured Income Plan benefits or have a household income of $25,000 per year or less;
- be a Canadian citizen or landed immigrant and have resided in Canada for a minimum of three years;
- be a resident in Alberta for a minimum of one year prior to application for the grant;
- reside in their home for at least nine months of the year.

FORM OF ASSISTANCE

Applicants may be eligible to receive an approved emergency medical unit from an agency approved by the Department up to a value of $700.00.

Installation costs and monthly user fees charged by the agency to which the applicant subscribes will be the responsibility of the applicant.

The program will provide grants of up to $20,000 each to non-profit groups to help them establish or expand emergency medical alert networks.

PROGRAM BUDGETS 1991/92

LODGE PROGRAM	$ 1.2 MILLION
SELF-CONTAINED PROGRAM	$ 7.12 MILLION
LODGE REGENERATION	$ 15.3 MILLION
SENIORS' EMERGENCY MEDICAL ALERT PROGRAM:	
(INDIVIDUALS)	$ 1.2 MILLION
(NON-PROFIT ORGANIZATIONS)	$ 1.4 MILLION
SENIORS' INDEPENDENT LIVING PROGRAM	$ 34.8 MILLION
HOME IMPROVEMENT (OLD PROGRAM)	$ 2.2 MILLION
RENT SUPPLEMENT	225 UNITS

CURRENT INVENTORIES

PROGRAM	UNITS
Lodge	8,082
Self-Contained	14,196

Table 1 Increases in the Alberta Population Age 65+

Year	No. of Seniors	% of Total Population
1961	93,078	7.0
1981	163,395	7.3
1990	217,000 est.	8.9
2016	471,500 est.	14.4

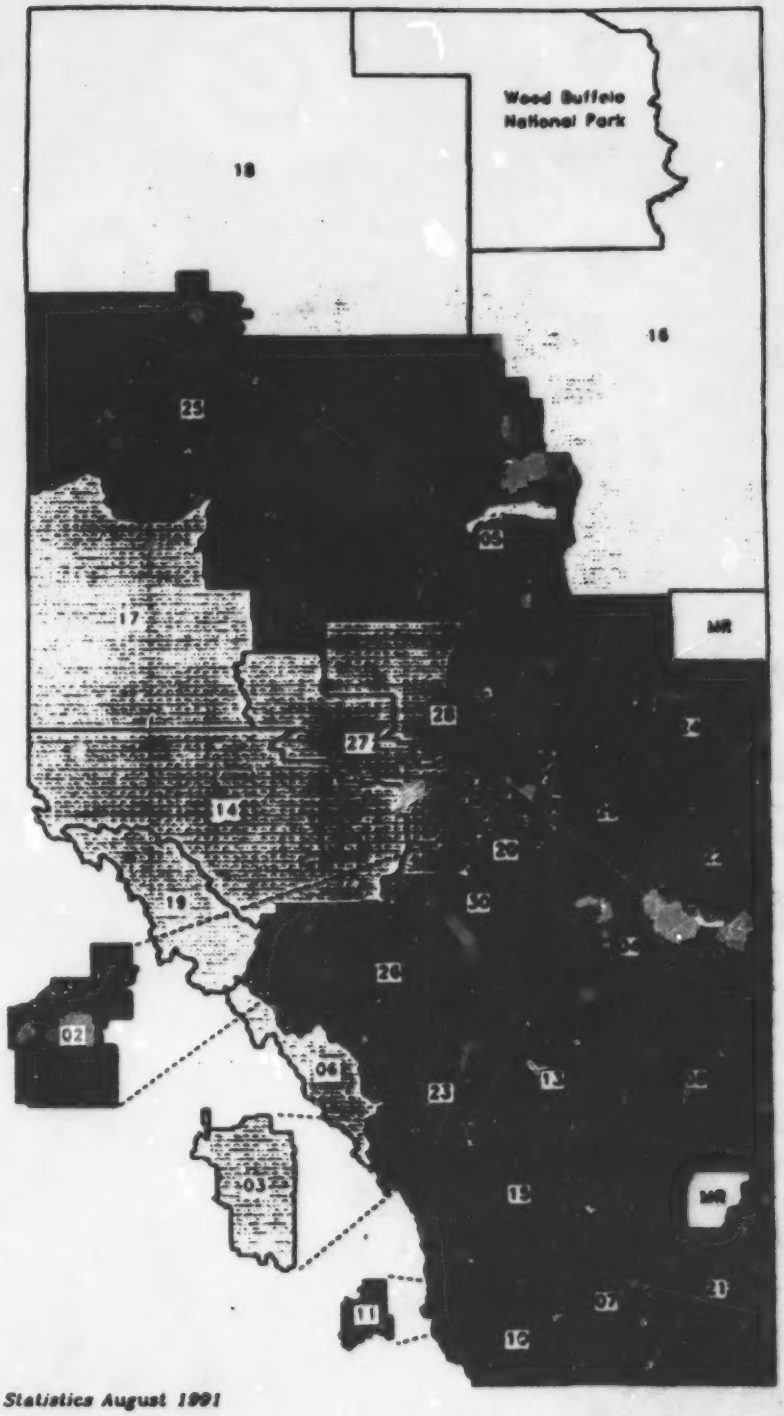
Table 2 Age Structure: Actual and Projected Percentage of Seniors By Age Group

Year	65-74	75-84	85+
1961*	64.0%	30.9%	5.2%
1971*	60.7%	30.6%	8.7%
1981*	61.5%	29.8%	8.7%
1991	59.7%	31.0%	9.3%
2001	57.4%	31.8%	10.8%
2011	55.9%	33.1%	11.0%
2016	59.0%	29.1%	11.9%

* Figures are actual census figures, rather than projected estimates.

DISTRIBUTION OF ALBERTA SENIORS BY HEALTH UNITS

02 - Edmonton
03 - Calgary
04 - East Central Alberta
05 - Athabasca
06 - Banff
07 - Barons/Eureka/Warner
08 - Big Country
10 - Chinook/Chief Mountain
11 - Lethbridge
13 - Drumheller
14 - West Central Alberta
15 - Foothills
16 - Fort McMurray
17 - Grande Prairie/South Peace
18 - High Level/Fort Vermilion
19 - Jasper
20 - Leduc/Strathcona
21 - South Eastern Alberta
22 - Minburn/Vermilion
23 - Mountview
24 - North Eastern Alberta
25 - Peace River
26 - Red Deer
27 - Stony Plain
28 - Sturgeon
29 - Vegreville
30 - Wetaka

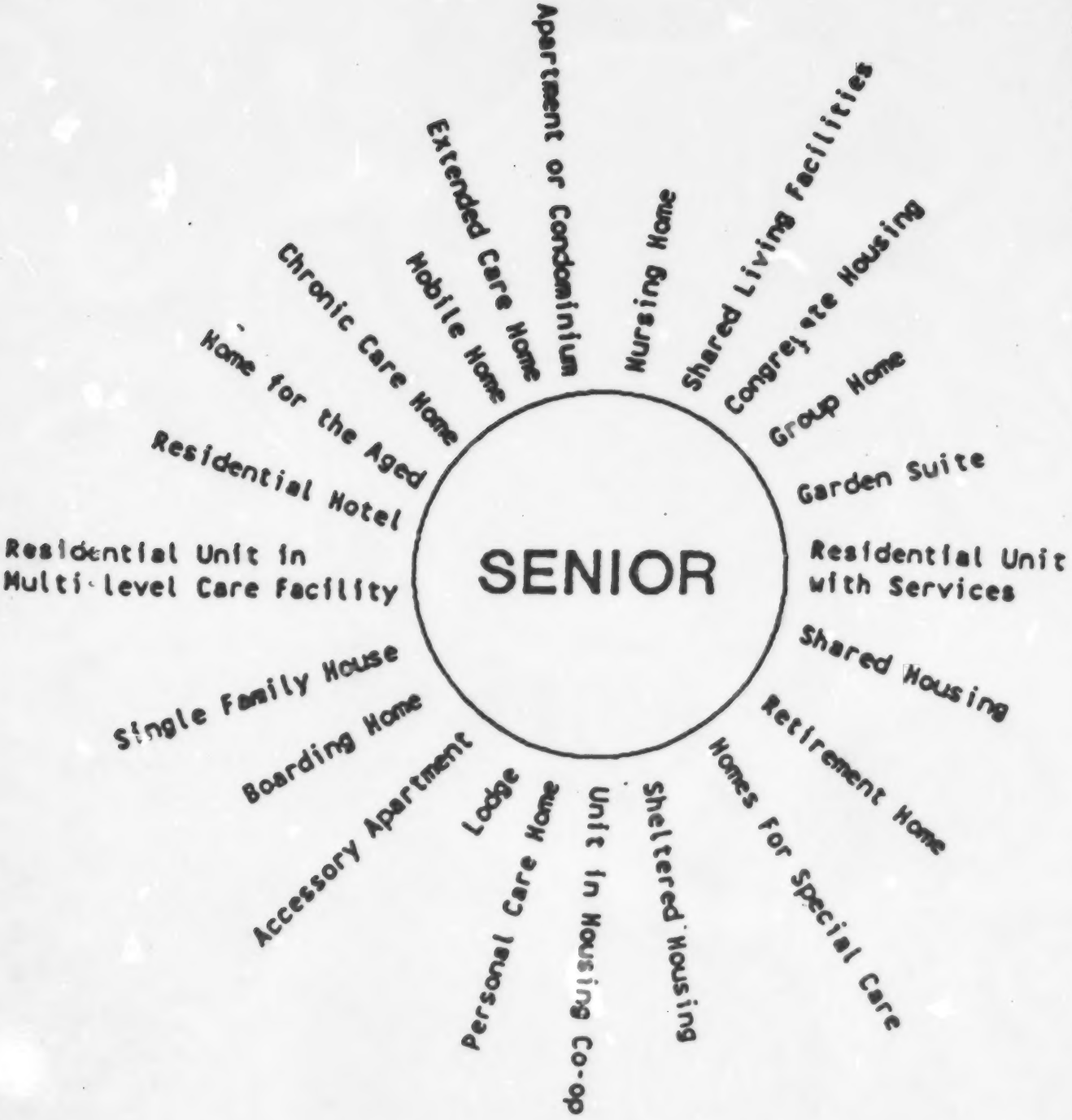


% of Population 65 Years of Age and Older

- 16.0% to 19.9%
- 12.0% to 15.9%
- 8.0% to 11.9%
- 4.0% to 7.9%
- Less Than 4.0%
- No Data

MR = Military Reserve
NOTE: Data based on 1991 Projections

Source: Alberta Health 1991
Prepared By: Alberta Bureau of Statistics August 1991


SENIOR
Apartment or Condominium
Extended Care Home
Mobile Home
Chronic Care Home
Home for the Aged
Residential Hotel
Residential Unit in Multi-level Care Facility
Single Family House
Boarding Home
Accessory Apartment
Lodge
Personal Care Home
Unit in Housing Co-op
Sheltered Housing
Homes for special Care
Retirement Home
Shared Housing
Residential Unit with Services
Garden Suite
Group Home
Congregate Housing
Shared Living facilities
Nursing Home

INITIATIVES FOR CONSIDERATION

- **ALTERNATIVE HOUSING PROGRAMS OR PROJECTS:**

  MULTI-LEVEL CARE
  CONGREGATE HOUSING
  ABBEYFIELD CONCEPTS
  GARDEN SUITES
  HOME SHARING
  ACCESSORY APARTMENTS
  ENRICHED HOUSING

- **DESIGN ALTERNATIVES:**

  BARRIER FREE HOUSING
  HOUSING FOR AGING IN PLACE
  TWO BEDROOM SUITES
  BALCONIES IN SELF-CONTAINED

- **INNOVATIVE FINANCING SCHEMES:**

  REVERSE MORTGAGES
  COOPERATIVES
  PRIVATE-PUBLIC PARTNERSHIPS
  RENT SUPPLEMENT

APPENDIX E

LIVING WILLS

QUESTIONS AND ANSWERS

ANNE de VILLARS
de Villars Jones
300 Noble Building
8540 - 109 Street
Edmonton, Alberta
T6G 1E6

433 - 9000

ANSWERS TO QUESTIONS ABOUT THE LIVING WILL

1. WHAT IS THE LIVING WILL?

A Living Will is a signed, dated and witnessed document which allows you to state in advance your wishes regarding the use of life-sustaining procedures when you are dying. It also has a provision for the appointment of someone else to direct your care if you are unable to do so yourself.

2. WHY SHOULD I SIGN IT NOW?

Complications in terminal care decision making may arise if you become mentally incompetent or physically incapable of expressing your own desires. By completing a Living Will now and discussing its provisions with your doctor and others close to you, you are not only ensuring that your own wishes will be followed, you are relieving others of the emotional burden they will bear if they must make decisions for you.

3. CAN I CHANGE THE LANGUAGE OF MY LIVING WILL?

The Living Will is a flexible document and can be deleted or amended to suit individual concerns. The most common additions people make are to prohibit specific treatment when death is imminent such as cardiopulmonary resuscitation, ventilation (use of a mechanical respirator) and intubation for feeding.

4. CAN I NAME SOMEONE ELSE TO MAKE MEDICAL TREATMENT DECISIONS FOR ME?

Yes. The Living Will has a PROXY provision for the appointment of a PROXY who will have the power to make medical treatment decisions for you in the event that you cannot do so yourself. Anyone who is willing may serve in this capacity, but it is important that you discuss your Living Will with your designated PROXY before or at the time you sign your Living Will.

5. WHO SHOULD WITNESS MY LIVING WILL?

Your signature on the living will should be witnessed by two adults who are not related to you by blood and who are not designated as your PROXY. These witnesses provide "proof of execution" meaning that they witnessed your signature and that you signed of your own free will. Conflict of interest might be implied if the witnesses are related to you or are possible heirs to your estate.

6. ONCE I HAVE SIGNED THE LIVING WILL, HOW CAN I MAKE SURE IT WILL BE ENFORCED?

The first and most important step is to discuss your Living Will with your doctor. Your doctor should agree with your decision to sign the document and place a copy in you medical file, regardless of his or her personal sentiments. If your doctor is unwilling to include the Living Will in your medical records, it may be advisable to seek another, more understanding doctor.

The second step is to talk about your Living Will with family members, your attorney, clergyman or anyone else who may be called upon to make decisions when you are dying. This is very important, particularly if you are choosing to name someone else as your spokesperson through the PROXY provision.

7. HOW LONG WILL MY LIVING WILL REMAIN EFFECTIVE?

We recommend that you redate and initial your Living Will periodically (at least once every three years) to make sure that your directions are unchanged. The more recent the date, the more likely it is that your physician or a court will accept the Living Will if there is some confusion about your wishes.

8. WHERE SHOULD I KEEP COPIES OF MY LIVING WILL?

Your original Living Will should be stored in a place where it can be easily found if necessary. Most people give copies to their doctors, and next of kin. Copies may also be given to religious advisors, lawyers, friends or anyone else who might be in a decision making capacity for you.

9. WHAT IS THE STATUS OF THE LIVING WILL OUTSIDE CANADA?

Your Living Will may not be binding in another country. It could, however, be useful as an advisory document. If you intend to travel, it is a good idea to carry a copy of your signed Living Will as well as information concerning the whereabouts of your next of kin or others who should be consulted should the need arise.

10. WILL MY LIVING WILL BE HONOURED IN AN EMERGENCY SITUATION?

Generally, in an emergency, no certain determination can be made as to whether the victim has a chance of survival - therefore, all possible support is mobilized to maximize the chances of recovery. The patient's consent is presumed. When the patient's condition has stabilized to the point where a prognosis can be made, the Living Will can be implemented to withdraw treatment that is unwanted and unwarranted.

11. IF I REFUSE ALL LIFE-SUPPORT MEASURES, WILL MY DEATH BE CONSIDERED SUICIDE?

No. Your death would be caused by your disease or condition, not by the withholding or withdrawing of treatment.

12. WILL MY LIVING WILL AFFECT MY INSURANCE BENEFITS?

After reviewing the Living Will, a major life insurance company stated: "We think you can rest assured that the signing of a Living Will would not invalidate any life insurance policy."

13. <u>WILL DOCTORS, NURSES OR HEALTH CARE FACILITIES RUN ANY LEGAL RISK IF THEY HONOUR MY LIVING WILL?</u>

No. To date, no health care provider of facility has had to face criminal or civil charges as a result of honouring a Living Will. In fact, the Living Will can provide the basis for legal action against a health care provider if the Living Will is <u>not</u> honoured and you are treated against your wishes.

DRAFT

LIVING WILL DECLARATION

TO MY FAMILY, MY PHYSICIAN, MY LAWYER

AND ALL OTHERS WHOM IT MAY CONCERN

DRAFT

I,_____ of _____ hereby declare that if the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is make after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out in the same way that they would be followed if I were competent and could speak for myself. I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions and I hereby absolve all who follow these instructions to be free of any legal liability.

DRAFT

DRAFT

In particular, I would like the following instructions to be carried out: (delete any you do not wish to have in your Living Will).

_____ a) No electrical or mechanical resuscitation of my heart when it has stopped beating.

_____ b) No nourishment or liquids.

_____ c) No mechanical respiration when I am no longer able to sustain my own breathing.

_____ d) No surgery.

_____ e) Other _____.

DRAFT

PROXY STATEMENT: (This portion is desirable but not necessary).

DRAFT

I designate _____ of _____ to serve as my proxy for the purpose of making medical treatment decisions on my behalf. This power of proxy shall remain effective in the event that I become incompetent or otherwise unable to make such decisions for myself.

Should _____ be unable to carry out my wishes for any reason, I appoint _____ as an alternate proxy.

DRAFT

SIGNED: _____

DATE: _____

WITNESS: _____

DRAFT

WITNESS: _____

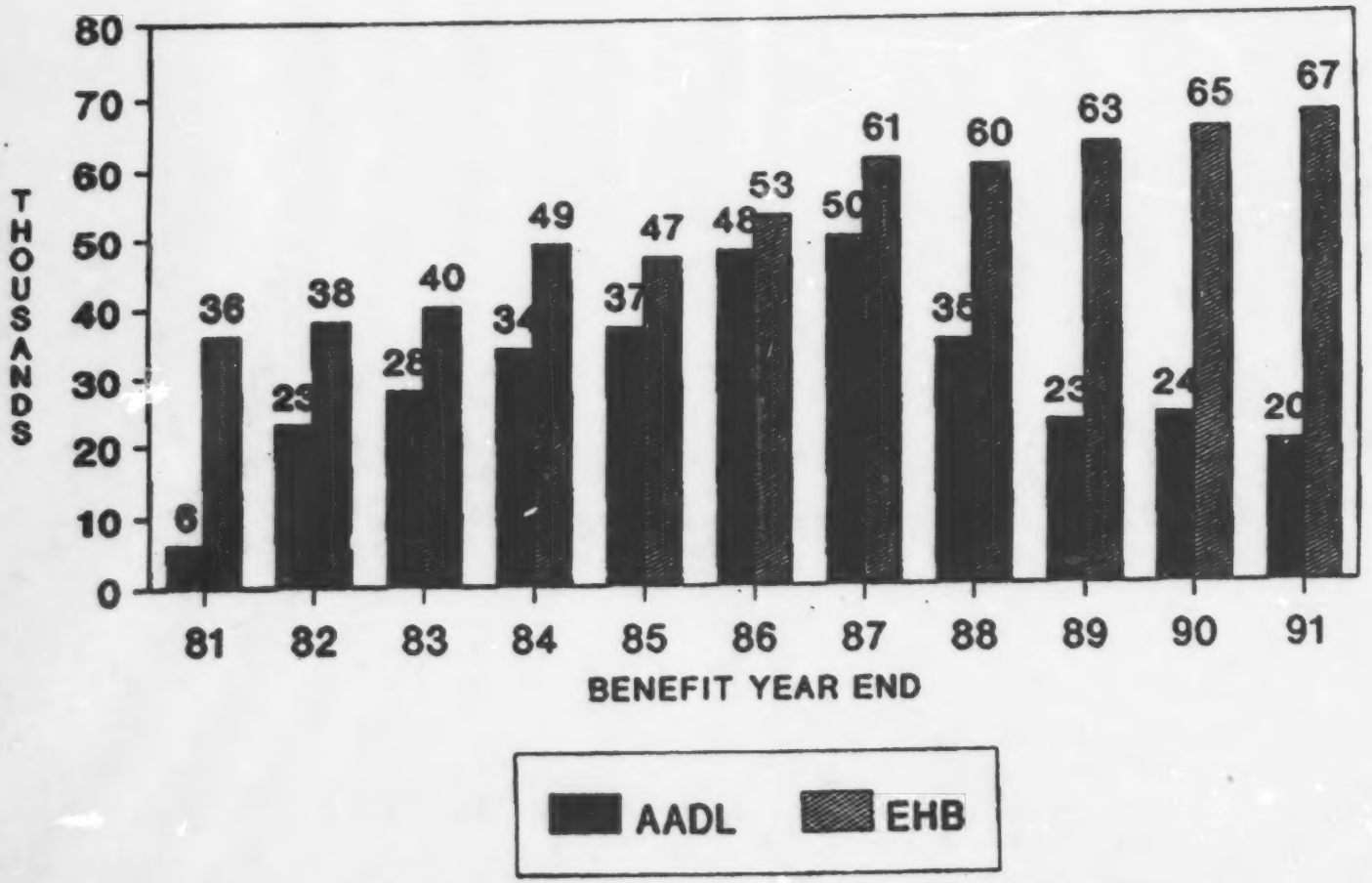
APPENDIX F

ALBERTA AIDS TO DAILY LIVING

TWO FIGURES

ALBERTA AIDS TO DAILY LIVING

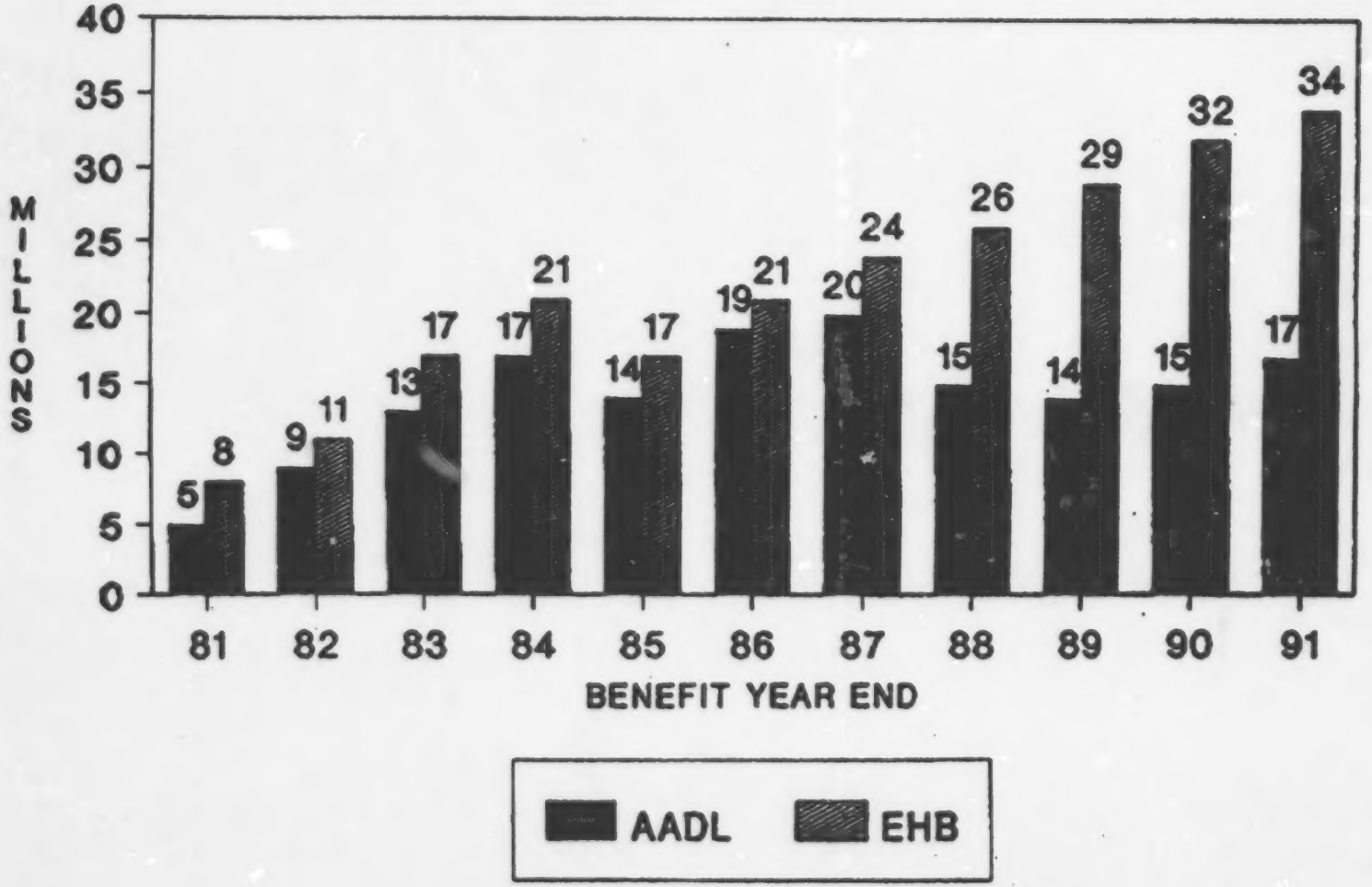
PROGRAM UTILIZATION
BY CLIENTS



COST SHARING IMPLEMENTED JUNE 1, 1987

ALBERTA AIDS TO DAILY LIVING

PROGRAM UTILIZATION
BY EXPENDITURE



COST SHARING IMPLEMENTED JUNE 1, 1987

APPENDIX G

LONG TERM CARE

SYSTEM

TWO TABLES

ELDERLY PERSONS RECEIVING LONG TERM CARE SERVICES IN ALBERTA, 1990

ESTIMATED NUMBER OF ALBERTANS OLDER THAN 65		220,600	100%
A.	FACILITY BASED CARE		
	1. LONG TERM CARE FACILITIES	12,832	
	2. MENTAL HEALTH EXTENDED CARE CENTRES	351	
	SUBTOTAL	13,183	6%
B.	COMMUNITY BASED CARE		
	1. HOME CARE SERVICES	20,050	
	2. DAY HOSPITAL	94	
	DAY SUPPORT	48	
	SUBTOTAL	20,192	9%
	TOTAL	33,375	13%

PUBLIC EXPENDITURES ON LONG TERM CARE IN ALBERTA, 1991/92[1]
(FIGURES ARE IN MILLIONS)

			INCREASE OVER PREVIOUS YEAR
A.	**FACILITY BASED CARE**		
1.	LONG TERM CARE FACILITIES	$424.58	6%
2.	MENTAL HEALTH EXTENDED CARE CENTRES	$ 18.5	11%
B.	**COMMUNITY BASED CARE**		
1.	HOME CARE SERVICES	$ 66.96	31%
2.	DAY HOSPITAL AND DAY SUPPORT PROGRAMS	$ 4.3	37%
	TOTAL LONG TERM CARE EXPENDITURES	$514.34	

[1] FIGURES ARE BLUE BOOK ESTIMATES

APPENDIX H

SUMMARY

OF

EVALUATIONS

EVALUATION

INFORMATION WORKERS WORKSHOP

October 3 & 4, 1991

Seventy-five people attended the conference and 49 turned in evaluation sheets.

Question 1: How did you learn about the workshop?

Most people (23) received the information through the mail or from their place of employment (13). Others learned of the workshop through the Alberta Council on Aging (8), from a friend (1), or from the Seniors Advisory Council for Alberta (1). Four had called to find out when the conference would be held as they had attended previous conferences.

Question 2: Did you like this format?

Most of the participants who answered this question (47) approved of the format. One person felt planners should be more careful that speakers are allotted 1/2 hour for each speech and not have three talks crammed into 1/2 hour. Another stated that the format was "mostly" acceptable.

Comments relating to the format were that the size of the workshop was good for the participants, and that the speakers were very generous in answering questions.

Question 3: What did you like best about it?

A. Comments relating to the location

- Liked the location.
- Liked the fact that luncheon was provided on both days.

B. Comments relating to the speakers

- The speakers were knowledgeable.
- The speakers were interesting (4).
- Dr. Robertson was an excellent speaker.

C. Comments relating to the topics and/or information

- Information was good (11).
- Liked the wide variety of topics (4).
- Liked the humour workshop (4).
- The Friday morning session was very informative.
- Liked the information on housing (2).
- Liked the information on health care.
- Liked the session on legal issues (4).
- Liked the Friday morning session.
- Liked the financial information (3).

D. Comments relating to the format

- Workshop was well organized for seating arrangements.
- Liked the question periods (3).
- Liked the panel format.
- Liked the informal atmosphere (2).
- Liked the round table discussion for the Old Age Security presentation.
- The breaks were nice (2).
- The interactive sessions stimulated the learning process.

E. Comments relating to the organization

- Liked the fact that the chairman kept the workshop on track (2).
- Liked the fact that small group sessions were kept to a minimum.
- Liked the second day as the workshop was kept to schedule.
- Liked the fact that participants were all notified of schedule in advance.

F. Other comments

- Liked having the opportunity to ask questions about concerns from own communities.
- Thought people mixed well and shared ideas (4).
- Liked humour session as it gave participants opportunity to learn something of personal value.
- Liked the mix of retirees and employed people.
- Liked learning names and telephone numbers of contact people.
- It was all very good.
- It was very affordable.

Question 4: What did you like least about it?

A. Comments relating to the location

- The room was cold on the first day (2).

B. Comments relating to the speakers

- Upset that speakers from the federal government Income Security Programs office did not attend (5).
- There were some poor speakers.
- Some speakers were unable to answer questions from the floor.
- Some speakers did not use microphone and were difficult to understand.
- The last presentation read the speech from information already in hand.

C. Comments relating to the topics

- Some of the health issues were boring (Aid to Daily Living, Blue Cross Benefits and Extended Health Benefits).
- Did not like the humour session.

D. Comments relating to the format

- Not enough time was allowed for questions (5).
- Too many speakers were crammed into one hour on the first day.

- There was too much sitting down (2).
- Would have liked variety in delivery such as videos and activities.
- Lunch time and coffee breaks were too long, making for a long day.
- Not enough time was allotted for some speakers, but most were all right.
- Should have a more energetic speaker after lunch.
- Was too much repetition in the morning session on the first day.

E. Comments relating to the organization

- The last part of the morning session on the first day was not well planned.
- Did not keep to schedule on the first day.

F. Other comments

- Didn't like supper on the first night.
- Would have liked muffins or snacks at coffee time (2).
- Sessions should provide hand-outs so that people can listen and not have to take a lot of notes (2).
- Needed more policy and legislature people.

Question 5: Did you like the first day session?

Most of the participants (41) liked the first day session. Three people did not like it, and one did not like the morning session as too many speakers were crammed into the time slot with little time left for questions, and some of the speakers were not well prepared. Two people were undecided about the morning session because the federal government Income Security Program representative wasn't there.

A. Comments relating to the speakers

- Upset that the speaker from the federal Income Security Programs office was not able to attend (4).
- Some speakers were not prepared (3).
- Should find out the background of participants in order to determine whether general information needs to be included in presentations.

- Was disappointed with the talk on income tax.
- Felt AAISH program was clarified.
- There was not enough detailed discussion of programs.

B. Comments relating to topics

- The garden suite information was not helpful as they are too expensive for most seniors.
- Sessions were very informative (7).
- Enjoyed session on stress and humour (5).
- Did not attend session on humour; came for information, not training.
- Information was all relevant to seniors.
- Information was good, but there was some repetition.
- All subjects were of interest.
- Was not a lot of new information.
- Housing session was really helpful.
- Was a nice balance of topics.

C. Comments relating to format

- Was not enough time allotted for questions (7).
- Liked the opportunity to share with participants.
- Liked the opportunity to question speakers about own concerns relating to programs they were discussing.
- Liked the round table discussion on federal Income Security Programs.
- Liked the morning coffee available prior to the session.
- Liked the question and answer discussion session on the federal Income Security programs.

D. Other comments

- Many good points were brought forward and hopefully action will be taken on the suggestions made.
- Housing initiatives were interesting, but the lack of funding is frustrating.
- Felt as foggy after the sessions as before.
- Liked the second day more than the first.

Question 6: Did you like the second day session?

All of the participants answering this question were positive about the second day sessions, although one participant did observe that the afternoon session was boring.

A. Comments relating to speakers

- Speakers were good (10).
- The presentation for the Extended Health Benefits program was not good. Only read the hand-outs which participants can read themselves.
- Speakers in the morning session were good; the afternoon was boring (3).
- The information was to the point and easy to understand.

B. Comments relating to topics

- Liked the morning session best because of interest and involvement in these areas (3).
- All was very informative (6).
- Liked the fact that new issues were covered (3).
- Information was helpful and practical (2).
- Session on legal issues was very informative (4).
- The topics were more pertinent than those on the first day.

C. Comments relating to format

- The panel format was very good.
- The hand-outs provided were appreciated.

D. Comments relating to organization

- The sessions were very well done (3).
- The second day was more organized and less hurried than the first day (3).

Question 7: Did you like the location?

Most of the participants (45) liked the location. Three participants did not like the location. Two of them did not like driving in all of the traffic and one had parking problems. Four other participants stated they liked the location well enough, but there were parking problems and the meeting room was cold. Another participant did not like the meeting room because the light from the windows made it difficult to see the speakers. One participant was indifferent to the location.

A. Comments relating to travel and parking

- Travel to and from the hotel in rush hour was difficult.
- Hotel was well located on a bus route.
- Was good that parking was available (4).
- Parking was a real problem (5).

B. Comments relating to location of hotel

- Hotel was not close enough to the downtown and was inconvenient.
- Hotel was very accessible (8).
- The central location of the hotel was good (7).
- The hotel was convenient to the downtown.

C. Comments relating to service and accommodation in the hotel

- The service was excellent (2).
- The meals were very nice (2).
- It was a good hotel (5).
- The accommodation was good (2).
- The rates at the hotel were good.
- The room was cold (3).
- The refreshment breaks and lunches were excellent.
- Better temperature control would help.
- The information given out by the desk clerk regarding check-out time was suddenly changed causing some participants to miss part of the Friday sessions (2).
- Facing speakers with windows behind them is very uncomfortable.

D. Other comments

- Do not like driving downtown.
- Would have liked a tour of Edmonton.
- Edmonton is a fairly central location and a good place to have the workshop.

Question 8: How would you change the workshop?

A. Comments relating to location

- Air conditioning in the hotel created discomfort.
- Window glare behind speakers caused discomfort.

B. Comments relating to speakers

- Speakers should keep to their allotted time (4).
- Speakers should be better prepared (2).
- Should have vibrant speakers after lunch.
- Should put titles of speakers on programs.
- Have lapel microphones for speakers (2).

C. Comments relating to topics

- Should have a list of resource information or bibliography.
- Should have a new topic on Friday afternoon, not something people have heard before.
- Should shorten the number of subjects.

D. Comments relating to format

- Don't spend so much time on the federal Income Security Program unless there are changes.
- Add an agency fair relating to topics.
- Share the names of participants and the agency they are from so that future contacts can be made by other participants.
- Have some working sessions on issues.
- Allow more time for questions and discussion (8).
- Have more emphasis on energizing and exercise (3).

- Have shorter lunch breaks (6).
- Coffee every morning would be appreciated.
- Need more hand-outs (5).
- Have a shorter lunch hour on the first day and a longer one on the second day so all people have time to check out of the hotel.
- Have shorter breaks (5).
- Serve muffins on the first break.
- Have small group discussions with speakers.
- Have concurrent sessions and repeat them.
- Have a shorter workshop day (2).
- Have an evening session for sharing information.
- Provide more opportunities for sharing information about different local programs.
- Relieving stress session was longer than necessary.
- Allot 1/2 hour time slots for each speaker.
- Have a question period 1/2 hour before lunch and 1/2 hour before the end of the day.

E. Comments relating to organization

- Listen to speakers personally prior to getting them to speak.

F. Other comments

- Smoke filtered into the meeting room from the hall creating an unpleasant atmosphere.
- Don't change the workshop (3).

Question 9: What would you not want to change?

A. Comments relating to the location

- Liked the Edmonton location.
- Liked the physical set-up of the room-round tables are conducive to discussion.
- The location is good.

B. Comments relating to the speakers

- Liked the variety of presenter styles.
- Liked the quality of the speakers.

C. Comments relating to the topics

- Enjoyed the information on all the programs.
- Liked the personal improvement session.
- Liked the variety of topics.

D. Comments relating to the format

- The forum is good if speakers keep to the time schedule.
- The format is good (4).
- Liked the informal atmosphere (3).
- Liked including the cost of lunch in the registration fee (3).
- Liked the discussion and question period.
- Liked the two-day time frame.
- Liked the Thursday/Friday time schedule.
- Liked the hand-outs (2).
- Liked the size of the group.

E. Comments relating to organization

- Liked keeping speakers to the time schedule.

F. Other comments

- Liked the fact that expenses are subsidized (3).
- The personnel running the workshop were excellent.

Question 10: Would you attend the workshop again if it was offered?

Most participants (45) stated they would attend the conference again. While no one stated they definitely would not attend another workshop, two said that they "probably" would attend, and two others said that it would depend on the topics to be discussed.

Comments

- Would want different topics
- Information gained from the questions is most valuable.
- It was very informative.
- The price is excellent for what is provided.
- Parking was good.
- The information was great.
- Would depend on the program whether I would attend again.
- Information updating is very important.
- Workshop always has the same topics, but there is always something new.

Question 11: What subjects would you want discussed if you attended another workshop?

- How to get seniors in the community to be more active.
- Updates on legal issues (5).
- Information on grandparents rights groups.
- Long term care/home care programs.
- Preventive health programs.
- Elder abuse (2).
- Maintaining seniors in their homes.
- Government funding to pay for care of senior who should be institutionalized, but no bed is available. Family often can't afford it. How to cope with this.
- Seniors rights (2).
- Seniors activities and fitness programs.
- How to use gaming money.
- Have speaker from Health & Welfare.
- Pension plans and how they work.
- Empowering older adults.
- Seniors in rural Alberta.
- New and innovative projects that are being implemented throughout the province.
- Liability, if any, for the information worker.
- PTO.

- How the "grass roots" community can cope with new initiatives - How to develop a cooperative relationship.
- What are the effects of the "snow birds" leaving Canada.
- Speakers from other provinces to address the different programs.
- Driver licenses for seniors - what are they looking for?
- Pre-retirement plans.
- More information on financial issues.
- Living wills update (2).
- Someone from the Alberta Health Facilities Review Committee.
- How to advocate or help seniors advocate.
- Looking to the future.
- Discussion of wills (2).
- Care for the caregiver.
- More on stress management.
- More on CPP child rearing drop out clause.
- Effects of the enduring power of attorney in relation to trusteeship and guardianship.
- New and interesting things for seniors to do, especially in rural areas.
- Does the human rights policy put some seniors in jeopardy?